STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

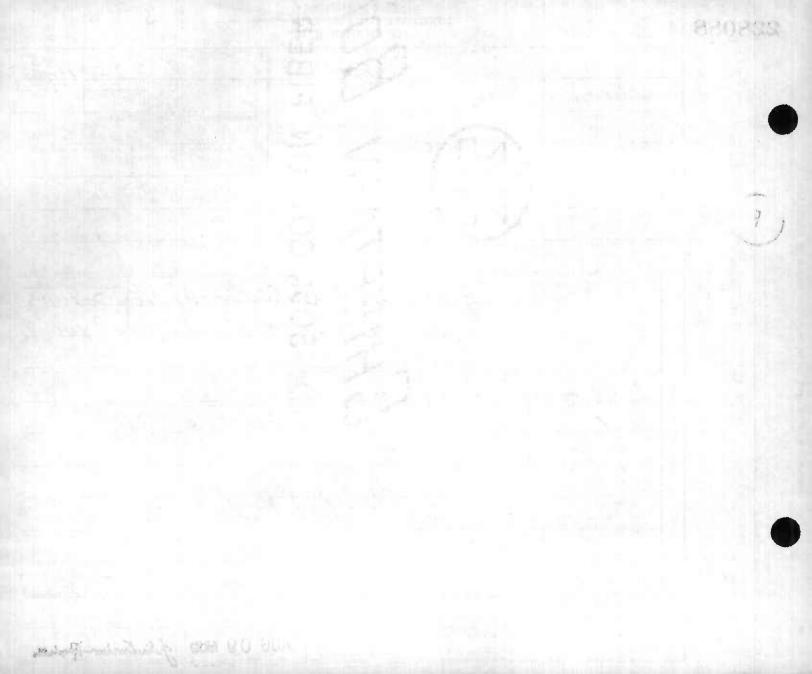
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DIVISION OF VILAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTIAND 21201	MARTIND STEDI
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LOR ATTENDING PHYSICIAN. The law requires that the death certificate by associated within 3th having after death. Fage 4 may be the hospital or attending physician.	that within 24 hours after death. Fage 4 may be
L DIRECTOR. After this certificate has been signed by the attending physicial and account of the little in the little in the control of the signed 3 stacked far use as the burial-transit permit. Then please remove carban papers, page 1 and 2 stacked the signed and the signed signed that the signed signed signed the signed signed signed the signed sig	repress, filed in by the tuneral exector, page 3 pages 5 to 5 to 5 to 5 offer death

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3. SE	female	4. RACE	+-	5 DATE OF BII	RTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOUSE
1	Temate	whi	.ce	July 8	, 1913	72 YRS	
	BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIED X	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Pennsylvania	U.S.	Α.	WIDOWED		Washingt	ion
	lagerstown		HOSPITAL, NURSIN CHEACILITY GIVE STREET SCON Coun			120 USUAL OCCUPATION (1486 OF WORK FOR MOST OF WORKING LI NOUSEWITE	126 KIND OF BUSINES INDUSTRY
	JAL RESIDENCE (IF NURSING HO STATE ITYLAND WAS	ME OR OTHER INSTITUTION COUNTY Shington	GIVE RESIDENCE BEFORE Hagersto	N 13d	INSIDE CITY LIMITS?	Route 3, Box 24	21740
14 F.	ATHER'S NAME		13.7	15 /	MOTHER'S MAIDEN NA		
	Franklin	MIDDLE	Fox	00.313	Susan	MIDDLE .	Benedict
	WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b SOCIAL SECU	JRITY NO. 17.	INFORMANT	ADDRESS	Denedict
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIE 226031 - STATE RESTRACT ECEASED NAME 20 DATE KNOWN TO MONTH LTYPE OR PRINTS DEATH MATED DATE PRONOUNCED October 23,1911 74 Rs DEAD white & BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUNT MARRIED X NEVER MARRIED Switzerland IISA WIDOWED [DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION I TYPE OF WOR OR INDUSTRY dve maker Washington County Hospital Hagerstown tool co. SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 134 INSIDE CITY LIMITS? 130 STREET ADDRESS No COUNTY 13c CITY OR TOWN 7 West Lake Drive Florida Volousia Orange NO [] FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Alther Houser Anna 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS I HE YES, GIVE WAR OR DATES 040-01-6162 Loretta B. Alther, Orange, Fl. Army 18 CAUSE OF DEATH (Enter only one couse per line for (o). (a), and (c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [210. EXTERNAL CAUSEWAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY JATHOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Undetermined monner ACTUAL XAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Smithsburg, Wash., Md. Aug. 9, 1985 Smithsburg Crematorium cremation 24 FUNERAL DIRECTORNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATU Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))

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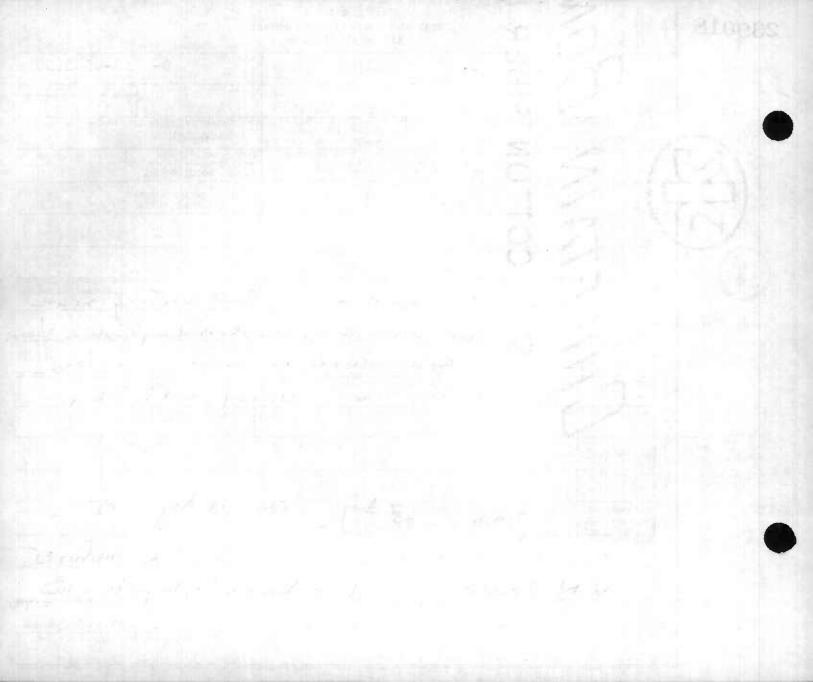
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W 10)	40.0
35, 20	9.5	en pi
200	2	25

- STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MIDDLE Taylor BAILEY Clarence (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS August 23, 1910 74 white male 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington Virginia USA DIVORCED [WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ravenwood Lutheran Village Hagerstown self-employed ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21733 Fair Play Route 1, Box 10 Maryland Washington NOX 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Glidwell Bailey Nannie Hinton 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 230-16-5875 Hunter Bailey, Fair Play, Md. No APPROXIMATE INTERV 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and it PART I. DEATH WAS CAUSED BY: munte IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last Arbertonclura Roya PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Diaberes massis Urrany 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a | certify that (I) (this haspital) attended the deceased from that (II (we) last 19 85 saw the deceased alive an_ and that In (my) (aur) apinion death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Aug. 16, 1985 Cedar Lawn Mem. Park Hagerstown, Wash., Maryland burial 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)



9	-	REGISTRAR AMELIA M	ARL-AREL BAS					
V		CEASED NAME FIRST	MARGA	C	ast	REG. NO.	121/FS	> HOUR >
	3 SE		4 RACE	5. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
34	7a. Bi	Female ATHPLACE STATE OR FOREIGN COUNTRY) Maryland	White 76 CITIZEN OF WHAT C U.S.A.	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	VRS DUNTY OF DEATH	
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8	30. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland	OTHER INSTITUTION GIVE RESID	DENCE BEFORE ADMISSION) Y OR TOWN 1 timore	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS / ZIP 2700 W. Bal	CODE	
20	0	Frederick		ann Sr.	IS MOTHER'S MAIDEN N FIRST Anna	MIDDLE K.	Bo	ehm
2	di	VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI NO	E WAR OR DATES)	-50-2741	George C. B	ast Jr. Ellicot	ne Oaks Ro	ad 2104
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DHMH - 16 60M 7/1 (VRA 15, 4)

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FOR STATE REGISTRAR

SED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. N	10.			
20. DATE C	F DEATH	MONTH	DAY	YEAR	26. HOUR

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ROUT ZAHN 21769 Middletown, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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BP_	retained by the haspital or attending physician.
	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical material print the transfer and action page 3
	should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 1 and 2 members after death
	with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal

ATTENDING PHYSICIAN. The low

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

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570	BIRTHPLACE (STATE OR FORE IGN COUNTRY) Md CITY OR TOWN OF DEATH	White 7b CITIZEN OF WHAT COUNTRY U.S.A. 11. NAME OF HOSPITAL NURS	MARRIED WIDOWED	DAY YEAR 15 /8 NEVER MARRIED DIVORCED D	6 AGE (IN YEARS LAST BIRT 7 BALTIMORE CITY OF Washingt	YRS OATS R COUNTY OF DEATH GON CO	HOURS
1	Hagerstown	Colton Vill	a Nur	sing Center	Sec trea	F WORKING LIFE) INDUSTRY	20.
1	Md. STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13: CITY OR TO Pd. Middlet	own	36. INSIDE CITY LIMITS? YES NOX	14336 Old	National I) Pike
0	LESLIE WAS DECEASED EVER IN U.S. A	MIDDLE LAST LONG ARMED FORCES? 166 SOCIAL SEC		NET.TE	MIDDLE	ROUT	ZAH
2		SIVE WAR OR DATES!		l Richard I		ff Middle	
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		DUE TO, OR AS A CONSEQ (c) T CONDITIONS CONTRIBUTING TO	UENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART II:	a
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME OR PRINT)) Y	Edward	Boi	BOWERS	Aug. 1	DAY YEAR 26 HOUR 4 A M
-	3 SEX	male	4 RACE	nite	Jun	te 22°, 1917°	6. AGE (IN YEARS LAST BIRTHOWY)) 68 YRS	MONTHS DATS HOURS MIN.
		RTHPLACE ISTATE OR FOR OUNTRY	76. CITIZEN OF	what country?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY Washington	
-		iy or town of DEATH	H 11. NAME OF I	HOSPITAL, NURSING HEACILITY, GIVE STREET A LINGTON COL	GHOME C DORESSI INTY	DR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT LA DOTOT	12b. KIND OF BUSINESS OR INDUSTRY Plumbing Co.
	U5UA 13a S	L RESIDENCE (IF HURSING TATE 13	G HOME OR OTHER INSTITUTION. 36 COUNTY WASh.	GIVE RESIDENCE BEFORE A LA CITY OR TOWN Hagerstov	In Admission	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 558 Liberty St	. 21740
	14. FA	THER'S NAME William	WIDDIE	Bower	cs	Tda.	WE	Andrews
		AS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	220-09-74		Mrs. Genevie	ve G. Bowers Hag	erstown, Md.
		PART I. DEATH WAS	DUE TO, O which (b)	R AS A CONSEQUEI	NCE OF	advances	metastatic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	CERTIFICATION	190 DATE OF OPERATIO	ON 196 COND	TION FOR WHICH	OPERATIO	WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ESNO
	MEDICAL CE	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAN CIFEITHER NOTIFY MEDICAL 21d. IN JURY OCCURRED WHILE NOT WHILE	USE OF DEATH LEXAMINER) D 21e PLACE (AT HOME STI	M. MONTH DA M.	19	216 HOW INJURY OCCURR 216 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18.1	COUNTY STATE
		220 I certify that (I) (t sow the deceased	his hospital) attended the alive and didid not view the body	ofter death.	,	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	M. DATE SERVED
	23a. B	URIAL, CREMATION, RE	BAND EMOVAL 236. DATE 10H AUG. 13	1085 23(N	AME OF C	1363 S EMETERY OF CREMATORY OUT Crematory	23d LOCATION Smithsburg, Wa	H-C
		INERAL DIRECTOR NAME DAVI	Duni		Ren	25a DAT	E REC'D. BY REGISTRAR 25b. REGIST	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending ishould be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar rem

ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital or attending physician

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic es

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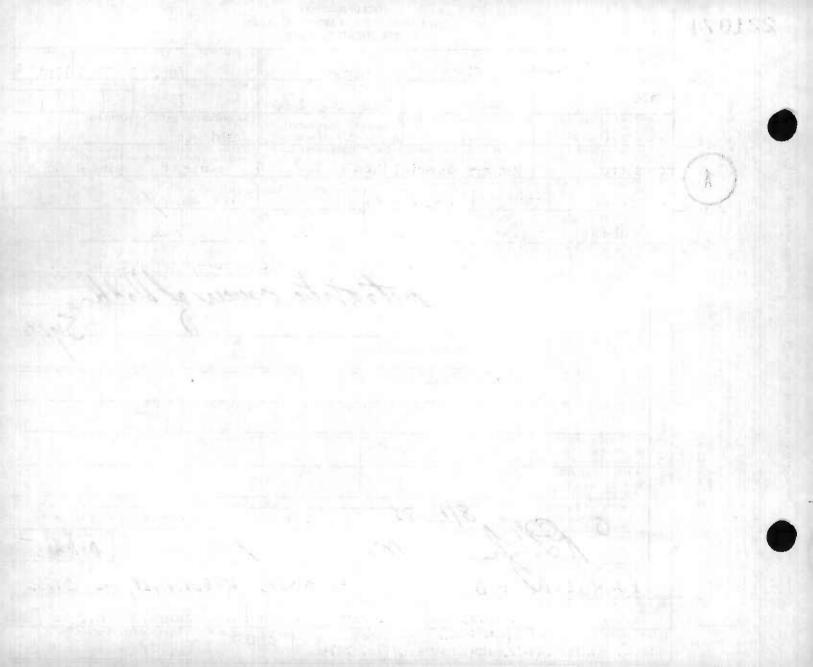
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Ten THE Cook Bond of

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 4/82

(VRA 15, 4)



DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR ZELLE Main St. Thurmont, Md. 21788 R.E. NADailey & Son

8/17/85

23b. DATE

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Blue Ridge Cemetery

22d. PHYSICIAN'S NAME

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CITY OR TOWN

Thurmont

YES T

COUNTY

Frederick

22c. DATE SIGNED

2b. HOUR

126 KIND OF BUSINESS OR

NO [

STATE

2174

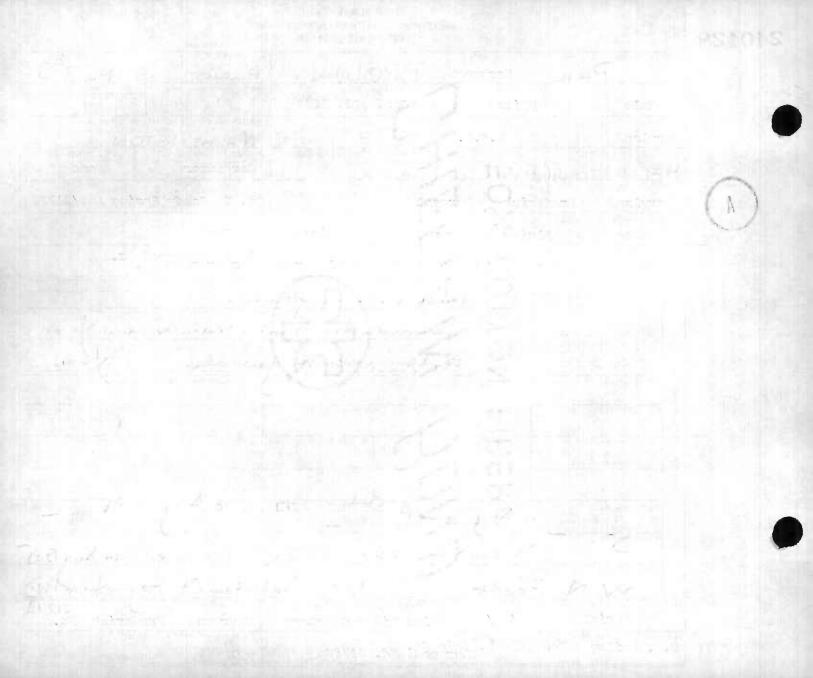
Md.

None

IF UNDER 24 HRS

1985

IF UNDER I YEAR



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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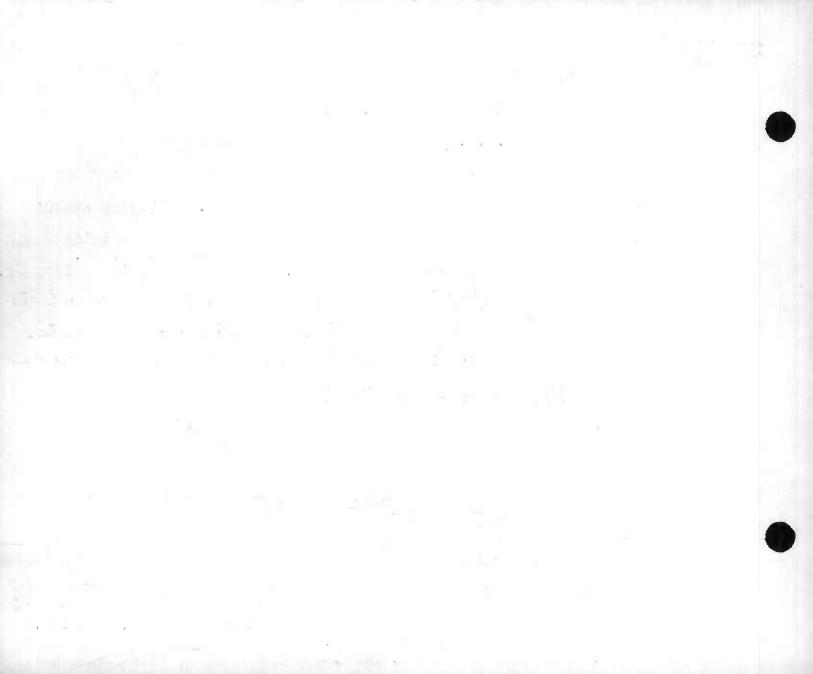
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ı	REGISTRAR			CERTIFI	CATE OF DEATH	F	REG. NO.		
	1. DECEASED NAME (TYPE OR PRINT)	ell N	William		Brown	26. DATE OF DE	8 25	85	L'WAIM
-	Male Male	4. RACE WI	u'te	S. DATE O		6 AGE (IN YEARS			FUNDER 24 HRS
1	70 BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	MARRIED	NEVER MARRIED		CITY OR COUNTY C	OF DEATH	
	West Virginia TO CITY OR TOWN OF DEATH	USA		WIDOWE	DIVORCED ROTHER INSTITUTION		hington	Lacronia	MD.
1	Hagerstown	Washing	ston Coun	ty Ho			EUPATION R MOST OF WORKING LIFE) ard	12b. KIND OF INDUSTRY	BUSINESS OR
2	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU		Hagersto	1	134 INSIDECITY LIMITS? YES X NO _		oress / zip code W. Baltimo	ore St.	21740
1	14 FATHER'S NAME FIRST Mitchell		cown		IS. MOTHER'S MAIDEN N	M	IDDLE	Mans	field
	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	166 SOCIAL SECUR 214-09-27	C	Paul M. Br	own, Hag	erstown, N	Md.	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per li ED BY. (TE CAUSE (a)	ine for (a), (b), ghd	M	ocardial.	Intarc	tion	-	SET AND DEATH
	Conditions, if ony, which	DUE TO, OR	Chien O	Feler	otic Covor	nony Ve	sue!	10	years
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	as a consequen	ICE OF			hiease		Page 2
	PART 2 OTHER SIGNIFICANT	CONDITIONS COI		The PUT I	Prosak	WITH	Bone Bone	Worte.	ses
-	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH O	PERATION	N WAS PERFORMED	20 AUTOPS	7? 70b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	SS USED OF DEATH? NO
3	00 00 100 100 100 100 100 100 100 100 1	HOUR A.M	. MONTH DAY	YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	RT I OR PART 2)	
	VIE ETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE O		RM, ETC)	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
	22a 1 certify that (1) this hosp	(119 k	10	Y, one	d that in (my) (aur) apinion	n death accurred as	the dote and hour	ond from the co	uses stated
	22b. SIGNATURE	obave, (1) we) [did (did not) view the body ofter death.							
	220. PHISICIAN'S NAME (TYPE	Brull	MO		127e ADDRESS	Potoma	c Ave.	Hager	stown
	230. BURIAL, CREMATION, REMOVA burial				METERY OR CREMATORY	CITY OR TH	OWN	COUNTY	STATE
	24 FUNERAL DIRECTOR MINNI	Aug. 27		вс па	ven Cemetery		stown, Was		
	415 E. Wilson B1		ADDRESS	Md. 2			JI NEGISTA		
		-0			1110	ES A ARCHIVE	1	[Marchell	ATTENDED TO THE PARTY OF THE PA

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 252064 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN TO 2b. HOUR LTYPE OR PRINTS ESTI-OF E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
WAY PRESTON STREET, Ellsworth DEATH MATED Butler 26 1985 4 RACE AGE (IN YEARS IF UNDER 24 HRS 24 HOUR DATE PRONOUNCED 7:50F July 25.1947 Male Black DEAD 26 1985 L CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Hurlock, Maryland DIVORCED Washington County AND 3 TO REFILED, RECORDS, 20 W 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a LISUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Truck Driver OR INDUSTRY Frucking Firm I-70 ramp to I-81 USUAL RESIDENCE (IF IN NURSING) OME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONS 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Caroline 206 Academy Avenue Maryland ederalsburg 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Frankie W. Butler Mable Strawberry Ma. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS burg. Md. 21632 16h SOCIAL SECURITY NO TYES, NO. OR UNKNOWN) I HE YES GIVE WAR OF DATEST DIVISIO Teresa Butler, 206 Academy Ave, Federals-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Asphyxia USED AS A BURIAL - TRANSIT PER OF HEALTH AND MENTAL HYGIEN BIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) Blunt injury to chest gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION Cervical injury 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITHTHE STATE DEPARTMENT OF HE BALTMORE, MARYLAND, 2) 201 PROR TO BURIAL. NO [216. TIME OF INJURY HOURX MONTH DAY YEAR 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) XOR 6:40P.M 8 26 10 85 driver of tractor trailer out of control CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY FARM FIC 1 COUNTY STATE I-70 ramp to I-81 road Wash. MD. Autopsy XX 220. I certify that Ltoak charge of the remains developed anove, held an Inspection and in my opinion Notural causes Homicide Undetermined monner Assistant DATE SIGNED 8/27/85 MEDICALEXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial Federal Hill Cemetery Federalsburg, Caroline, 1750, Daff RECD, BY REGISTRAR 1755 REGISTRAR'S SIGNATURE 07/84 25M 24. FUNERAL DIRECTOR ADDRESS Federalsburg, Md. **DHMH - 17** Framptom-Hawkins Funeral Home, 216 N. Main St (VR AT5 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1 DEC	CEASED NAME FIRST	MIDDLE	LAST		2a DATE OF DEATH M	ONTH DAY YEAR	2b HOUR		
		OR PRINT)	· O		1	S) (-8-5	1100		
		70N	M	Coc	Kran	0-90	00	MHF		
1	3. SE)	×	4. RACE	5. DATE OF BI	RTH OAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY			
1	1	1,	W	(0-	-17-08		YRS.			
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	MARRIED E	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH			
4		ryland	U.S.A.	WIDOWED	DIVORCED [Washing	ton Count	TV MD.		
,		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR O	, had	120 USUAL OCCUPATION	N 12b. KIND	OF BUSINESS OR		
	Ha	gerstown	Washington	~	Hospital	(TYPE OF WORK FOR MOST OF V				
2	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE		IUSUI vai		2/2	Id. Hosp		
6	130. S	STATE 13b COUP	NTY I3c. CITY OR TO		INSIDE CITY LIMITS?	13e STREET ADDRESS / 2		70		
8		ryland Wash	ington Hager		MOTHER'S MAIDEN NA	11021 Wood	land Way			
9	III. FA		MIOOLE	15.	FIRST	WIDDLE		LAST		
			ay Coch		Florence	Eaatri	ce Ral	7		
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE		INFORMANT	ADDRESS	5			
	N	0	213-0	1-1839	Gertrude (Cochran sa	ame as 13	5		
		18 CAUSE OF DEATH (Enter or	nly one cause perling for the	and of	0.01.0.	+ 2	BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH		
	1	PART I. DEATH WAS CAUSE	TE CAUSE (o)	11/0 Caro	baldyan	cupi	an	bour		
		i i i i i i i i i i i i i i i i i i i								
		Conditions, if any, which	- 10	Yearn						
		1								
	100	couse (o), stoting the underlying couse last.								
	16	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT NO	I RELATED TO THE TERM	IN ALDISEASE OF CONDI	TION CIVEN IN PART	Na P Co		
	N	Charrie D	Rotanitie D	- Park	iff Rinns	charde.				
	ATR	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION W		20a AUTOPSY?	206. IF YES, WERE FIND	DINGS USED		
1	IFIC			/			IN CERTIFYING CAUSE	ES OF DEATH?		
-	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	[2]	HOW INJURY OCCURE	YES NO NO NOT NOT NOT NOT NOT NOT NOT NOT N				
1	11 0	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		(EMERIANIONE OF INJON!	BYTEM TO PART TORPART 2			
	OIC.	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	LOCATION		Since O			
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI		STREET	CITY OR TOWN	N COUNTY	STATE		
		AT WORK			1/ -0	7 +	204 00			
			ital) attended the deceased frai		19 19	, to	201 79	., that (I) we last		
	saw the deceased alive on and from the causes stated above (IV (we) (did) (and not view the bady after death.									
		226 SIGNATORE	72 DAT	SIGNED /						
		(Mold I he		MI	ATTENDING PHYSICIAN [MEDICAL STAFF	IND 8/	16/85		
		22d. PHYSICIAN'S NAME ITY	, 1	111						
		Cohent to	Mull (10	1	459 Prem	Lec Ave. Na	centown	1/1		
		SURIAL, CREMATION, REMOVAL	23b. DATE 2:	RAME OF CEME	TERY OR CREMATORY	23d LOCATION	1			
	(Burial	8-28-85	Chester:	field Cem.	Centervi	lle. M	arvland		
	24 FUNERAL DIRECTOR 305 N. Potomac St. 250 DATE REC'D. BY REGISTRAN SIGNATURE AND REGISTRAN SIGNATURE									
	Ge	rald N. Minn	ich Hagersto			AUG 3 U 1985	0			
			,		L					

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REGISTRAR AND CERTIFICATE OF DEATH			
CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MEET LAST 28. DATE OF DEATH MONTH DAY YEAR	26 HOUR		
August 27, 1985 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	M		
3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS		
male white October 23,1910 74 YRS	MIN.		
To BIRTHPLACE ISTATE OR FOREIGN To COUNTRY) Maryland To CITIZEN OF WHAT COUNTRY? Widowed Divorced			
	ry store		
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STREET ADDRESS / ZIP CODE 44 E. Franklin St.	13e.STREET ADDRESS / ZIP CODE 64 E. Franklin St. 21740		
Harry R. Cromer 15. MOTHER'S MAIDEN NAME FIRST Harry R. Cromer C. Elizabeth Bailey	51		
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR NUMBOWN) 16 FES. GIVE WAR OR DATES)			
No 214-09-1885 Rhuey Cromer, Hagerstown, Maryland	, Hagerstown, Maryland		
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse lost. DUE TO, OR AS A CONSEQUENCE OF Underlying couse	NGS USED		
YES NO YES NO YES NO THE TEN NO YES NO THE YES NO THE NATURE OF INJURY NO COURED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)	NO [
SEESTE HOUR AM, MONTH DAY TEAR I			
ON COUNTY CAUSE OF DEATH ON COUNTY CAUSE OF DEATH ON COUNTY MEDICAL EXAMINER) P.M. 19 ON COUNTY MEDICAL EXAMINER) P.M. 19 ON COUNTY MEDICAL EXAMINER) ON COUNTY MEDICAL EXAMINER ON COUNTY MEDICAL EXAMINER) ON COUNTY MEDICAL EXAMINER ON COUN	STATE		
220.1 certify that (1) (this hospital) attended the deceased from 19 , 19 , and that in (my) (eas) apinion death occurred on the date and haur and from the obove, (1) (we) third (did not) view the body after death.	that (f) (we) last causes stated		
276. SIGNATURE 276. SIGNATURE 276. SIGNATURE 277. DATE ATTENDING MEDICAL STAFF PHYSICIAN DATE ATTENDING MEDICAL STAFF PHYSICIAN DATE 278. SIGNATURE	SIGNED 28/85		
PHYSICIAN DIRECTOR PHYSICIAN DIR	-151		
BP Rurial Aug. 29.1985 Rose Hill Cemetery Hagerstown, Wash., M	laryland		
DHMH-16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME ADDRESS 415 E. Wilson Blvd., Hagerstown, Md. 21740	TURE		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

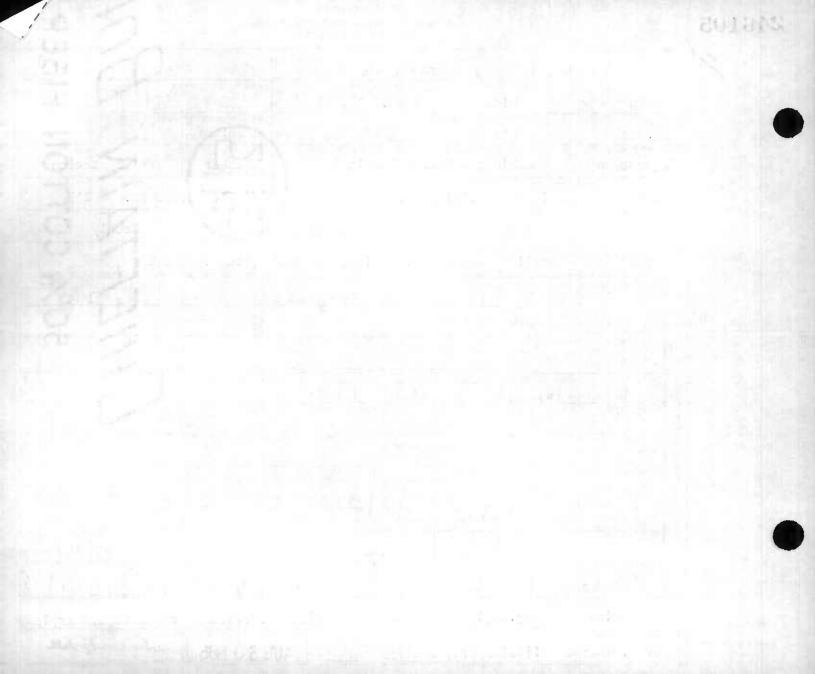
STATE OF MARYLAND

2 3 8 8 2

	1-	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							t/		
1	DECEASED NAME FIRST MIDDLE TYPE OR PRINTS Charl E				Edward	rd Doub 20 DATE OF DEATH MONTH DA				l-	26 HOUR A
	3. SE)	X .		4 RACE		5. DATE OF BIRTH			RTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
1	Male White			9	Dec.	30, 1908	76	YRS.	DATS	MIN.	
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land		75 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE		NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH WASHINGTON					
10 CITY OR TOWN OF DEATH Hagers town			11. NAME OF HOSPITAL, NURSING HOME OR OT WASHINGTON SUCH FACILITY, GIVE STREET ADDRESS! HOSPI			Spital	126 USUAL OCCUPATION 126 KIND OF BUSINESS INDUSTRY Education				
)	130 S	JAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE JAC COUNTY Washington Williamsport YES NOT 2718 Buford Dr						. 2	21795		
1	14 FA	Edward Calvin Doub Lil'Islan Grace B					Ве	ecklÿ	0		
	160 WAS DECEASED EVER IN U.S. ARM			MED FORCES?							
				nly one cause per line for (a), (b), and (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Multiple Myelona									
		c to		DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if any, which gove rise to immediate									
		couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFY IN YES		
		218. ACCIDENT WAS UNE OR CONTRIBUTING C	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	OR PART 2}	
	MEDICAL	THE ETHER, NOTIFY MEDICAL EXAMINER 1 21d INJURY OCCURRED 21e PLACE OF INJURY IAH MOME STREET, FACTORY, OFFICE FARM				211 LOCATION				STATE	
	Σ	AT WORK NOT WE	RK R	TAT HOME SI	REEL, FACTORY, OFFICE FO	nam, EIC)	112	Co	121	65	
27a 1 certify that (1) (this hospital) aftended the decessed from										hot (I) (we) lost ouses stoted	
		above, (I) (we) (did) (did not) view the body after death. 226 DATE, SIGNATURE 226 DATE, SIGNED									
		Attending Medical Staff 8/26/85									
		Fred Fred	CALC	OR PRINT)	KASS	111	1827 Ho	well to	Ites	ers to	un hos
	23a. B	URIAL, CREMATION,	REMOVAL	Aug. 28			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	200	JUNTY	STATE
		Burial Aug. 28, 1985 Greenlawn Memorial Pk. WilliamsportWashingtonMarylance									
		jor M. Osbo	rne	Willaims	sport, MD	21795	/Δ1	IG 3 0 1985	whia Dav		
	_	1 40000									

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use os with the Stote Dept. of Health MPORTANT: If hem 21 is



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE

١	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
ł	DECEASED NAME FIRST Edward			AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR			
1	Walte	E. 8.	2	avey Sr.	August 23	, 1985	M	
Ì	3. SEX	4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1.1		
ı	male	white	Febr	cuary 10, 1905	80	YRS.	DAYS HOURS MIN.	
t	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?				COUNTY OF DEAT	Н		
۱	Maryland	USA	MARRIE	D MEVER MARRIED DIVORCED D	W	ashington	MD.	
1	0. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME		120. USUAL OCCUPATIO	ON 12b. KIN	ND OF BUSINESS OR	
1	Hagerstown	Washington (Hospital	(TYPE OF WORK FOR MOST OF		rucking	
1	USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE B	SEFORE ADMISSION)				Lucking	
i	Maryland Was		rstown	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 724 Inter		21740	
1	14 FATHER'S NAME	mingcon mager	LOCOWII	15 MOTHER'S MAIDEN NAM		VAI ROAG	21/40	
1	William	MIDDLE LAST Eave		Carrie	MIDDLE	Mı	ullendore	
+	160 WAS DECEASED EVER IN U.S. A		SECURITY NO.	17. INFORMANT	ADDRES		TITEHROLE	
		219-05-2672 Nellie K. Eavey, Hagerstown			rstown. Ma	aryland		
ŀ	18 CAUSE OF DEATH (Enter of	only one couse per line (ar (a), (b					PROXIMATE INTERVAL	
1	PART I. DEATH WAS CAUS	SED BY:	t. h	my reard in	e info	-	o days	
ł	IMMEDIA	DUE TO, OR AS A CONSE			0			
	Conditions, if any, which	nean	4	en				
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	FOLIENCE OF	INCE OF				
ł	underlying cause last	(c)	LOGETHEE OF					
I		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
Į	190 DATE OF OPERALION 210. ACCIDENT WAS UNDERLYING	or Front	Jailu	silve				
7	M DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI	, WERE FINDINGS USED YING CAUSES OF DEATH?	
4	FILE				YES NO	YES	NO 🗆	
1	210. ACCIDENT WAS UNDERLYING	LIQUID A II MONTH DAY VEAD						
1	OR CONTRIBUTING CAUSE OF DI	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER NOTIFY MEDICAL EXAMINER) P.M., 19						
ı	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN			211 LOCATION	CITY OR TOW	CITY OR TOWN COUNTY STATE		
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OF	FICE, FARM, ETC.)					
ı		pital) attended the deceased fro	om X	13 19.85		12 19 85	, that ++ (we) last	
1	saw the deceased alive a	on $6-22$ not) view the body after death.	1985 . 01	nd that in (my) (aur) opinion (death accurred on the da	te and have and from	the causes stated	
1	22b. SIGNATURE	or, view me body offer deom.		DEGREE			DATE SIGNED	
ı	John Ders	AND 4.23.85						
1	22d. PHYSICIAN'S NAME (TYPE	22d. PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS						
ı	JOSEPH S	3						
1	230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	burial	Aug. 26, 1985	Manor (Cemetery	Hagerstown, Wash., Maryland			
1	24. FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE							

DHMH - 16 60M 7/84 (VRA 15, 4)

415 P. Wilson Blvd., Hagerstown, Md. 21740

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH Frank W. Ensminger REGISTRAR REG NO 2a DATE OF DEATH DECEASED NAME MONTH 2h HOUR TYPE OR PRINT IF UNDER I YEAR IF UNDER J HRS oct. 16%1909 Male White 75 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED Penna. Washington Co., USA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH Washington Co. Hosp. Carpenter Bldg. Hagerstown LAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 1130 STREET LA DORES Mounetain Ho Peters Twp. 13d INSIDE CITY LIMITS? Pa. Franklin Mercersburg.Pa.17236 15 MOTHER'S MAIDEN NAME FATHER'S NAME Harry Ensminger Minnie :henicie 16b. SOCIAL SECURITY NO. 17 INFORMANT 1507 SMountain Rd. An WAS DECEASED EVER IN U.S. ARMED FORCES? 188-10-0391 Hazel Ensminger (IF YES, GIVE WAR OR DATES) Mercersburg Pa. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OFF RATION 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO THE IME OF INJURY ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR DECONTRIBUTING TO CAUSE OF DEATH MEDICAL DESIGNER, NOTEY MEDICAL EXAMINER. 21d INJURY OCCURRED 7H LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC STATE NOT WHILE 220.1 certify that (1) (this hospital) appended the deceased fram. sow the deceased alive on and that in (my) (our) opinian death accurred on the date and haur and I am the causes stated 77h SIGNATURE DEGREE 22c DATE SIGNED Chia C.Su ATTENDING ? MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME 220-ADDRESS 8/7/85 23s BURIAL CREMATION REMOVAL CITY OF TOWN Stenger Hill Cem. Peters Twp.Franklin

DHMH - 16 60M 7/84 (VRA 15, 4)

Mercersburg, Pa. 17236 AUG

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 3 8 5

	-	REGISTRAR				REG. NO					
1		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH			25 HOUR 2:20		
1	(1111)	Anna	Pauline	Farn	ner	August 26	, 198	5	A M		
109511	3. SE)	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
19	F	emale	White	Jan	19~1922	63	YRS	DATE	MIN.		
0	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY O	_				
0	We	est Virginia	U.S.A.	WIDOWE	799*	Washingt	con Co	unty	MD.		
9		igerstown	11. NAME OF HOSPITAL, NURSIN UF NOT INSUCH FACILITY, GIVE STREET WASHINGTON (120. USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAK		126. KIND O INDUSTRY HOME	BUSINESS OR		
5	130 S Ma	ryland Was	nother institution give residence before NTY 13c CITY OR TOW Hington Hagers	N	YES NO		zip code son A	venue	JY W		
11		ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAS	51		
1	G		sely Gallimon	ce	Nannie			chuna	alt		
£ .		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	55	E (C			
	N	0	223-12-3	3992	Robert D. I	Parmer Sa	me as	13			
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: SQUAMOUS CELL CARCINOMA RIGHT UPPER MIDDLE									
	101	2 YRE	s. 3 MO.								
	350										
	Canditions, if any, which gove rise to immediate										
	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
3	2.74	underlying cause last.	(c)								
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITIONGIVEN	IN PART 16	0 '		
3	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	20a AUTOPSY? 20b. IF YES, WERE FINDING			NGS LISED				
1	FIC				IN CERT			TIFYING CAUSES OF DEATH?			
	ER	71a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCUR		YES		NO 🗌		
1		OR CONTRIBUTING CAUSE OF DE	LIGHTS A M. MONITH D.	YEAR	THE TIOW INSORT OCCORP	(ENTER NATURE OF INTO	CT IN HEM 18 PARI	I ORPARI 2)			
/	V	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19							
A	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, F	ARM. ETC 1	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
	~	AT WORK NOT WHILE									
		22a.1 certify that (I) (XXXXX	(a) attended the deceased fram_	JUNI	19 83	to AUGUST	26 , 19	85	that (1) 106) last		
			AUGUST 25 19 19 19	85	nd that in (my) XX) apinian	death occurred on the de	ate and have a	nd fram the	causes stated		
	1/3	226 SIGNATURE	View inc body arter death.		DEGREE			22c. DATE	SIGNED		
	771	Jeline V	la Stiffing		ATTENDING	MEDICAL STAI		Aug.	27, 1985		
1		220 PHYSICIAN'S NAME LITTE	OR PRINT]			EST WASHING			-1, .,.,		
/		EDWARD W. DIS	rтo, III, M.D.								
		<u> </u>				STOWN, MARY	LAND 2	1/40			
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE		
		Burial				Hagersto	own Wa	sh. I	Id.		
	24 Ft	UNERAL DIRECTOR	305 M Dat	omaa	C+ 25a DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this

Burial 18-29-85 Cedar Lawn Men Men 305 N. Rotomac St. Gerald N. Minnich Hagerstown, Maryland

AUG 3 0 1985

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EAS TOR TOR SEEL	3 SE	X	14 RACE	5. DATE OF BIRTH	la. AGE	IN YEARS LIE	NOFR YR	IF UNDER 24	DEATH MA	TED X Aug	. 24,85	P 2d. HOU
PEC	1.0		T. NACE	MONTH DAY	YEAR LAST !	IRTHDAY) MON			AIN PRONOUNCED		27 05	9:30
NA N		IRTHPLACE (White	7-3-1901	5 80	YRS.			DEAD	August		IAA
DELAY IS NECESSARY PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS DS, 201 W. PRESTON STREET	FO	DREIGN COUNTRY)		TO 15 91-3	AT COUNTRY?			VER MARRIED		CITY OK COUNT	TOFDEATH	
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A AGE				(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADD	(ESS)	HER INSTITU	IION	FOR MOST OF WORKING		OR INDUST	RY
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TON ST., BALT 24 HOURS AF ITEM 18. GIVE LLONG WITH F PERMIT. PAGE TOPERMIT. PAGE		PART I D	EATH WAS CAUSED	y one couse per line	tor (o), (b), and (c)		c disa	250 (0	ode 429)		APPROXIMAT BETWEEN ONSE YEARS	T AND DEATH
STON STON STON STON STON STON STON STON			IMMEDIAT	E CAUSE (a)	AS A CONSEQUE		C disc	.asc (•			years	
101 W. PRESTON ST TED WITHIN 24 HOUNDED IN TEM IN T			ons, if ony, which			100						
W. WIT WING TRAIN ONTA			ise to immediate) stating the under-	(b)	AS A CONSEQUE	ICE OF						
201 W. PRE UTED WITHI IIN PENCIL I EXAMINE STAL - TRANS O MENTAL H ON, OR REA		lying co	use lost.									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, REDED TO THE CHIEF MEDICAL EXAMINER ALONG W. P.E. 3 SHOULD BE USED AS A BURIAL, TRANSIT PERMIT, E DEPRINGENT OF HEALTH AND MENTAL HYGIENE, OI PRÍOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER S	IGNIFICANT CONDITIONS ((c) Ontributing to death b	PUT NOT RELATED TO TH	TERMINAL DISE	LITION OF GRANDING	N GIVEN IN PART 1	la.			
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OF WEST	1 8		AL CAUSE WAS	216. TIME OF	INJURY MONTH DAY	210 1	HOW INJURY	OCCURRED	ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PA		- 1.0 23
OR THE COUNTY		CONTRIBUT	G OR ING CAUSE OF D		MONTH DAT							
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ARB ARB	1 5	AT WORK	NOT WHILE T	3	om, ranm, erc.,	911 8	SIREET		CITY OR TOWN	COL	YIMI	STATE
DIVISION OF VITAL RECORDS, 21 TO MEDICAL EXAMINER: THIS CRETIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL E TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURLA AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURLAL, CREMATION		22a cert	ify that I took charge	e of the remains desc	ribed obove, held	on Auto	psy .	Inspection	Inquiry	, ond in my op	UDIO O	
A S S C H S		deoth result			Agaident .	Suicide [Homic	-	Undetermined monner		imon	
XXAX ERTIN BID B WITH ARY			111	7				PECIFY)	onderenmed monner	· L.,		
AL HALL		ACTUAL SIGNATURE	-411	Merk	K		M.D. DEP	UTY	_MEDICAL EXAMINER	DATE SIGNE	8/27/8	35
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A SECOND		(TYPE OR PR	NT) Howar	d N. WEek	s, M.D.		_ADDRESS_					-
22222	23a.B	URIAL, CREMA	TION, REMOVAL 23	b DATE	23c. NAME O	CEMETERY	OR CREMATO	ORY	23d. LOCATION CITY OR TOWN	COUN	ity S'	TATE
07/84 BP			rial	8-29-85	Rose	Hill	Ceme	tory	Hagersto	wn Was	sh. Md.	
DHMH - 17	74. F	NAME		30500AI.					D. BY REGISTRAR 25	ib REGISTRAR'S S		
(VR A15 ME (5))	Ge	rald 1	N. Minni	ch Hager	rstown,	Mary	land	AUG 3	10 1985	TOWN I WHO!	1	0.1

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Ferald N

Minnich Hagerstown.

220028	1.	FOR STATE REGISTRAR	DEPARTE	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	PIENE 2 3	389	
//		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR	
poge 3	(11PE	Bern	reda M.	Forsythe	8 8	85 1035 PM	
Her d	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
ge 4		F	White	MONTH DAY YEAR	56 YRS.	MONTHS DAYS HOURS MIN.	
Pour Hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		
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he for with		TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY	
s of	На	agerstown		ounty Hospital	Book-Keeper	Frindley Cor	
noq and And	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	hinili	
24	Ma		ington Hagers		1359 Salem A	lvenue // / /	
of the state of th	14 FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST	
9		James 1	itus Burke		Burkett	Boerner	
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sicio spers vol.		18 CAUSE OF DEATH Enter or	nly one couse per line for (a), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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iding or r			DUE TO, OR AS A CONSEQUE	NCE OF			
deot ove fion,		Conditions, if ony, which	(16) Poncyto			I week.	
the rem emo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			
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gne bur bur	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO S	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 10	
4	CERTIFICATION	1 degr		Destetas mollet			
low is been prio	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?	
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ficot front		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE		AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)	
SICI ng p cert priol- tento	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19			
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NG of the orke		AT WORK NOT WHILE					
Heolins E			ital) attended the deceased from_	706 2 19 85		1925 thos (1) (we) last	
ATTE ospite SCTC d for t. of n. 21	1	above (1) wer did (did no	H view the body ofter death	, and that in my (aux) opinion	death occurred on the date and hou		
OR DIRE		27b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED	
PITAL by th by th ERAL e deto Stote			(E- Stoneth , 1		MEDICAL STAFF DIRECTOR PHYSICIAN	8/2/05	
HOSPITAL HOSPITAL FUNERAL VId be det. Nid be det. Nid be det.		224 PHYSICIAN'S NAME (TYPE C		22e ADDRESS	" - 1		
TO HOSPITAL retoined by the TO FUNERAL should be det. with the Store IMPORTANT:		Richard E.S	mith, M.D.	1708 Oak H.	Il Ave, Hagerstow	x, md 21780	
E 5 - 0 > 7		SURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE	
BP		Burial	8-6-85 Ro	se Hill Cemeter	y Hagerstown V	Wash. Md.	
DHMH - 16 60M 7/84	24. FU	JNERAL DIRECTOR	305 N. Pot		TE REC'D. BY REGISTRAR 256. REGIST		
(VRA 15, 4)	Ter	cald N. Minni	ich Hagerstown	Maryland	AUG 6 1085 4	the Davidson-Randall	

Maryland

232103	FOR			STATE OF DEPARTMENT OF HEAL	MARYLAND TH AND MENTALH	IYGIENE 2 3	8 9 0
~32,103	REGISTRA	R		DICAL EXAMINER'S		F DEATH REG. NO.	
PLEASE ECTOR 77 FILES HOURS STREET,	1. DECEASED N (TYPE OR PRINT)	A RACE	POIS O BIRTH	MIDDLE OF AGE (IN YEARS IF YEAR LAST BIRTHDAY)	CAST COC UNDER 1 YR IF UND	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOU
ON TOPIE	Male	Whit		, 1936 49 YRS.	JATIS HOURS	DEAD	8/10 1985 84
NEGES S FORES	70. BIRTHPLAC FOREIGN COUR Securi	ty, Md.	76 CITIZEN OF W	A. WIDO	RRIED NEVER MARR	ED N Was	higher M
A PACE PACE MACHINE MA	Hagers		Washin	SPITAL, NURSING HOME, OR C ACILITY, GIVE STREET ADDRESS) TO County Hos		120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	F WORK 12b. KIND OF BUSINESS OR INDUSTRY Janitorial
AND 3	Maryl	and 136	COUNTY Washington	Hagerstown	13d INSIDE CITY LIMITS? YES NO	Dagmar Hotel	21740
ME AND STATE OF THE AND		rles	MIDDLE	Garlock	IS. MOTHER'S MAIDE	WIDDLE	Brown
ALTIMO AUTER I SINE PACES NO MISION O	NO. OR U	ASED EVER IN L	J.S. ARMED FORCES? ES. GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 214-34-0361	Kathy S.	Castle, Rfd. 3	nsboro, Md. 2171 Box 339
RECORDS, 201 W. PRESTO D BE EXECUTED WITHIN P. PENDING" IN PENCI INJU MEDICAL EXAMINER AGE ASA A BURRAL - IPANNET EAITH AND MENTAL HY CREMATION, OR REMOV	gav caus lyind	ditions, if any, errise to imme (a) stating the cause last.	which lediate under-	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL OIS	EASE OR CONDITION GIVEN IN PA	RT 1 ia.	
- 25 F R R E 4 1	190. DAT	E OF OPERATIO	196. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
O WE HAVE		RNAL CAUSE W	HOUR A.A	A. MONTH DAY YEAR	HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM TS PA	
DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU PAGE 3 SHOU TATE DEBART 21201 PRIOR	L III	RY OCCURRED NOT WH	477447 4.4	OF INJURY (AT HOME, 21f. TORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE SYBALTIMORE, MARYLAND, 2	ACTUAL SIGNAT EXAMIN (TYPE OF	URE R'S NAME PRINT)	Natural causes Natural Causes Natural Causes Natural Causes	Accident , Suicide [ADDRESS	Undetermined manner	DATE S/10/88 Haggeron M
07/84 BP	(SPECHY) Crema		8-14-85	Smith share	Crematory	Smithsburg, V	Vash. Co., Md.
25M DHMH - 17 (VR A15 ME (5))	24. FUNERAL D		D. ARRES	boro, Md. 21713	250. DATE	RECD. BY REGISTRAR 256 REGIST	RAR'S SMENATURE

Hele Maine Signer 5, 1935 Ag Documents Ha. U. S. A.

Hagerston moderated fareful tongon moderated moderated

Maryland samington Passisterm A Degrar lotel 21740

V.13 Sconsberg, E. Biwis The 4-0361 heary S.Centle, att. o box 399

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District the state of the state

Hagerstown, Maryland

PRESTON ST.

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

Minnich

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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'	1-	REGISTRAR				CERTIFI	CATE OF DEATH		REG	NO.		- 11	
		EASED NAME	FIRST	A	NIDDLE	LA	St		DATE OF DEATH	MONTH	DAY YE	AR 2	b. HOUR
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V	1.50			RACE		5. DATE O	FBIRTH		AGE (IN YEARS LAST	BRTHDAY)	MONTHS I		FUNDER 24 HRS
	0.10	ale		White	9	Sept	. 29. 19		64	YRS			MIN.
6		ETHPLACE (STATE OFFI	MIGN 7	. CITIZEN OF	WHAT COUNTR	Y? 8	☐ NEVER MARRIET	0 0	BALTIMORE CIT			гн	
U		ryland		U.S.	A.	WIDOWEI	44744		Washing	rton	Count	V	MD
1/	10. CI	TY OR TOWN OF DEA	THE 1	1. NAME OF H			ROTHER INSTITUTION		20 USUAL OCCUP	ATION	12b. K1	IND OF	BUSINESS OR
9	Ha	gerstown	0.00	Washir			Hospita		Tool	21 OF WORKING			child
1	USUA Via	AL RESIDENCE (IF NURSII	13b COUNT	Y	GIVE RESIDENCE BEF 13c. CITY OR TO Hagers	WN I	134 INSIDE CITY LIMI	NITS?	3. STREET ADDRES	ss/zipco		2/enue	740
7	14. FA	THER'S NAME	A	DDLE	LAST		15. MOTHER'S MAIDE	ENNAM	E AIDDU			LAST	
4		James	A	~	chenou	ır	Nora		L.		Kauf	2 0	an
1	160 V	VAS DECEASED EVER I		ED FORCES?	16b SOCIAL SE	CURITY NO.	17. INFORMANT		ADI	DRESS	Hag	Md.	
Г.		No			220-03	3-2184	A Jackie	Spi	ringer 8	338 C	hestn		St.
	ICATION	Conditions, if any, gave rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN THE DATE OF OPERAT	lediate g the last.	DUE TO, OF	AS A CONSEC	O DEATH BUT	SPINATION OF RELATED TO THE	1 E TERMIN	DISEASE OR CO	20b. IF	GIVEN IN PA	INDINC	
1	CERTIFICAT	21a. ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21¢ HOW INJURY O	OCCURRE	YES NO		YES TORPA	R¥ 2)	NO []
1	MEDICAL	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT	AL EXAMINER) ED	P./ 21e. PLACE (М.	19	211 LOCATION STREET	800	CITY O	R TOWN	COUN	ITY	STATE
	100	77% I certify that (1)		il) attended the	deceased from		d that in (my) (aur) ap		, to	e date and l			at (I) (we) last
1		THE PERSONATURE	NG	view the body	Nos		EGREE ATTEND	ING _		TAFF		P/30	
		SPECIFY) Buria		236 DATE 9-3-85		Rose H	METERY OR CREMAT		123d LOCATION CITY OR TOWN Hagers	town	Wash	ing	gton" M

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

N. Minnich Hagerstown, Maryland

A CONTRACTOR OF THE PARTY OF THE

FOR 1 - STATE

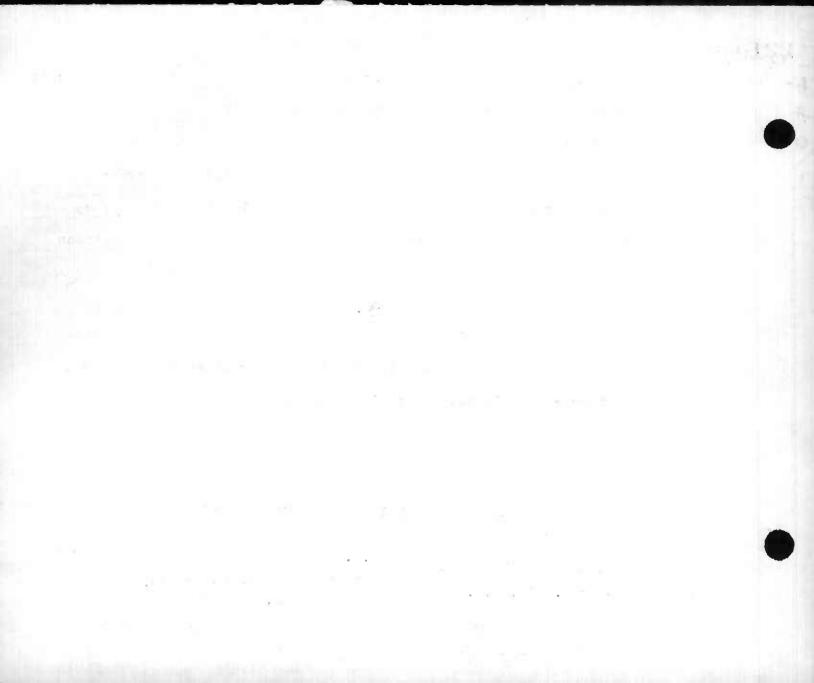
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	٥.		
		CEASED NAME FR		Claine (_	tham	2a. DATE OF DEATH	MONTH DA	2 85	26. HOUR 8:15A M
	1.SE		RACE Black		S. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	C	RTHPLACE (STATE OR FOREIC COUNTRY) West Virgin	nia US	, , , , , , , , , , , , , , , , , , ,	WIDOWE		* BALTIMORE CITY O Washington	n	OF DEATH	MD,
1	Had	gerstown	Wester	n Maryland	i Cen	or other institution iter	178 USUAL OCCUPATION OF CHILD CA		12b. KIND C INDUSTRY Ker	OF BUSINESS OR
5	13n. S	AL RESIDENCE (IF NURSING H STATE Mest Va B	bme or other institution. COUNTY erkeley	GIVE RESIDENCE BEFORE AL 13c. CITY OR TOWN Martinsbu		13d. INSIDE CITY LIMITS?	119 Leela		s.94	1999
7	14. FA	Samuel	NPOLE	Johnsen		15 MOTHER'S MAIDEN NA	WIODIE		Slad	le
2		VAS DECEASED EVER IN U YES 140 OR UNKNOWN) (# NO	I.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECURI 232–62–75		Amos L. Gran	tham Mart	ss Leelan insbur		³ 2 5401
		18 CAUSE OF DEATH (ER PART I. DEATH WAS C	BETWEEN ONSET AND DEATH Days							
		Conditions, if any, whi	(b)	AS A CONSEQUEN Bilatera	CE OF 1 St	rokes			Yea	rs
		cause (a), stating t		AS A CONSEQUEN Hyperten	as a consequence of iypertensive cardiovascular diseases					rs
	NOIL	Diabete	es Mellitt	us, Exc	essi	NOT RELATED TO THE TERM				
1	CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO			NGS USED S OF DEATH? NO
1		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DAY	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM TS PAR	I I OR PART 2)	
	MEDICAL	214 INJURY OCCURRED NOT WHILE (EET FACTORY OFFICE, FAR		211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		220 I certify that (X (this saw the deceased all above. (I) (satisfied is	haspital) apended the		2/17	nd that in (my) XX) apinion	ta 8/2 death occurred on the de			that X (we) last causes stated
		They a	1957	PPEL		D. ATTENDING PHYSICIAN [MEDICAL STAI			SIGNED
		Hyung &	Kim, M.I).		1500 Pennsy		nue,		
	(BURIAL, CREMATION, REM (SPECKY) Burial	10VAL 236, DATE 8-6-85			emetery or crematory pe Cemetery	23d LOCATION CITY OF TOWN Martinsbu	rg Bei	county rkeley	STATE WV
	20 60	PART AT PART CTOR. A.	//			0.E D. A.	TE DEC'D BY DECICTO AD	OCA DECICED	ADIC CICALAT	TUDE

DHAM - 16 50M 4/83 (VRA 15, 4)

Brown Funeral Home Martinsburg, WV 25401

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE



STATE OF MARYLAND

X A.F.B Xiely and

SET LATER OF PRESENTAR LIBRARIAN

Hory and Washington Hagerstong N 12 Secth neingh Street

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.ak younis, busines canteled lill years in-it-

. CO. CREATER TO THE

A. M. Coff man Punctal Home, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE

LAST

CERTIFICATE OF DEATH

1	REG. NO.			
	20. DATE OF DEATH MONTH August 2			26. HOUR 6:10 1
AR	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
D 🗆	9 BALTIMORE CITY <u>or</u> COL Washing		FDEATH	_ ME
N	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK OPERATOR	ING LIFE)	INDUSTRY	Dept.
AITS?	13. STREET ADDRESS / ZIP C 2732 Canada H		Rd. 2	1773
e e	Middle M		Routza	hn
D.	Harp Smiths	burg	, Md.	
re	ef		BETWEEN	MATE INTERVAL ONSET AND DEATH
all	ler			

	TITPE	OR PRINT)	John	Fra	anklin	H	IRP	Augu	st 25,	1985	6:10
	3. SEX	male		4. RACE Whit	9	5. DATE O	17° 190° 190° 190° 190° 190° 190° 190° 190	6. AGE (IN YEARS LAST)	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
35		RIHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DE DIVORCED	9 BALTIMORE CITY	or count hingto		MD
10		on town of the second of the s		II. NAME OF	HOSPITAL, NURSIN CH FACILITY, GIVE STREET, By-Leedy	IG HOME O	ROTHER INSTITUTION Lal Home	120 USUAL OCCUPA ITYPE OF WORK FOR MOS Operat			Dept.
35	13a. S	Md.	1134 COUN		13c. CITY OR TOW Myersvil	admission)	13d INSIDE CITY LIMITS? YES NOTE:	130 STREET ADDRESS 2732 Canad			1773
		THER'S NAME Charles		WIDDLE	Ha.rp		15. MOTHER'S MAIDEN NA Mollie	MIDDLE		Routz	ähn
T medica		(AS DECEASED EV ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	220-30-9		Mr. Paul D.		ress L thsbu :		MATE INTERVAL ONSET AND DEATH
injury, ar ather traum	NOI	Canditions, if a gove rise to cause (a), ste underlying ca	immediate ating the use last.	(b) DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E	ROA ENCE OF	not related to the term	NINAL DISEASE OR CO	NDITION GI	VEN IN PART 1	01
Shows only	CERTIFICATION	19a DATE OF OPE	RATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	
or Hem 18 s	MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY N 21d. INJURY OCC	CAUSE OF DEA	21e. PLACE	.M. MONTH DA .M. OF INJURY	19	211. HOW INJURY OCCUR	RED (ENTER NATURE OF IN		PART 1 OR PART 2}	STATE
is marked	W	22a. I certify that	ased alive an	tal) ottended t	he deceased fram		June	, to		. 19	that (I) (we) las
ZT: If hen 2		226. SIGNATURE	0	t) view the bad	atter death.	٩		MEDICAL ST	AFF SICIAN [220 DATE	SIGNED
MPORTANT:		ABDUC	-WA	HERD,	up			HILL NE			
		URIAL CREMATIC		Aug . 28	3,1985 Mt	.Zion	EMETERY OF CREMATORY U.M. Church Co	em Hyers	/ille,	Frederi	ck, Mare

DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST.,

Myersville, Md.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

dies.	3	छ	7	1

-		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
.1		CEASED NAME	FIRST	11	arvin M	H	N. T	20. DATE OF DEATH MON	DAY	YEAR 85	26 HOUR
7	3 SE			4 RACE whit	e	5. DATE C	DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY		NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
3		RTHPLACE (STATE OR E COUNTRY) West Virgi		76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF	DEATH	MD.
79	10. C	TY OR TOWN OF DEA Hagerstown	ATH	11. NAME OF I	HOSPITAL, NU	RSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO CONDUCTOR	RKING LIFE)	INDUSTRY	of BUSINESS OR
35	USU. 13a S Ma	AL RESIDENCE IF NURS STATE TYland ATHER'S NAME	136 COUN	OTHER INSTITUTION		EFORE ADMISSION)	134. INSIDE CITY LIMITS? YES NO KX	13e STREET ADDRESS / ZIR Hunter Hill	CODE		
10		David		MIDDLE		ıwn	Sarah	WIDDLE		Bur	
/	- (vas deceased ever yes no or unknown) No		MED FORCES?	717-07		Thelma G.	Wilson, Hage	rstow	m, Md	
2	CERTIFICATION	Conditions, if ony, gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL	DUE TO, O (c) CONDITIONS CC	on her	QUENCE OF	NOT RELATED TO THE TERM NOT RELATED TO THE TERM		. IF YES, W	ERE FINDIN	GS USED OF DEATH?	
9	MEDICAL CERT	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIX 11d INJURY OCCURE WHITE NOTIFY MADIX AT WORK AT WORK Saw the decease above, (j) (we) (c) 22b. SIGNATURE 22d. DRYSICIAN'S NA	CAUSE OF DEACHER CALEXAMINER RED INTE (this hospin did) (did no	HOUR A. P. 21e PLACE (AT HOME STR 1) view the body	M. MONTH M. OF INJURY EEET, FACTORY, OFF	am	211. LOCATION STREET 19 d that in (my) (aur) apinion of DEGREE ATTENDING	CITY OR TOWN CITY OR TOWN death accurred an the date or MEDICAL STAFF DIRECTOR PHYSICIAN	15M 18 PART	COUNTY	
	1	URIAL, CREMATION, SPECIFY) burial	REMOVAL	23b. DATE Aug. 16			METERY OR CREMATORY Ven Cemetery	23d LOCATION Hagerstown,	Wash	Ma	ryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior.

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

14

TV [th.]

nd completely filled in by the funeral director, page 3 ges 1 and 2 should be filed within 72 hours after death

injury, or other troumotic event, th

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGHENE

1 -	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG ICATE OF DEATH				4
I DE	CEASED NAME	FIRST	MID	DLE		AST Table	REG. NO	MONTH DAY	YEAR	26 HOUR
	OR PRINT)		7	-	Loin		<u> </u>		10 C.=	I A n
		seph	().	LIGHT	HEIN	6 AGE (IN YEARS LAST BIR	3. 12	UNDER I YEAR	IF UNDER 24 HRS
3. SE:	male	14_RA	whi	tes	S. DATE C		AGE (IN YEARS LAST BIR		VIHS DAYS	HOURS MIN.
7a BI	RTHPLACE (STATE OR FOR	REIGN 76 CIT	TIZEN OF WE	HAT COUN	TRY? 8		9 BALTIMORE CITY O		FDEATH	
	Penna.		U.S.		WIDOWE	D DIVORCED	Washingt	on Co.		MD.
	ity or town of deat: Hagers town	(1)	F NOT IN SUCH F	ACILITY, GIVE S		or other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Maintenance	F WORKING LIFE)	INDUSTRY	uck Mfg.
	AL RESIDENCE (IF NURSING TATE 1.	Trank	13	CITY OR Quinc	TOWN	13d. INSIDE CITY LIMITS?	P.O. Box	ZIP CODE	9172	999
14 PA	THER'S NAME FIRST	WIDDLE		LAST		15 MOTHER'S MAIDEN NAM	WIDDIE		Schne	2 2
14- V	Charles	IIIS A DAAED E	OPCES2 114	Hein	SECURITY NO.	Margare 17 INFORMANT	ADDRE	· SS		
		(IF YES, GIVE WAR	OR DATES!		5-8541		e M. Heinle	Pe	enna. x 146	17247 Quincy,
CERTIFICATION	Conditions, if any, gave rise to imme cause (a) stating underlying couse	S CAUSED BY: WMEDIATE CAL which diote the last. FICANT COND THE PRIVING TO 12	JSE (a) DUE TO, OFF ITIONS CON THE CONDITION TO CONDITION TO TIME OF I	ITRIBUTING TON FOR WITH TON FOR WITH TON TON TON THE TON TH	EQUENCE OF STO DEATH BUT TES 17 A HICH OPERATION	NOT RELATED TO THE TERM PLANE NOT RELATED TO THE TERM PLANE WAS PERFORMED THE HOW INJURY OCCURI	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN YES (GUN PART 100 VERE FINDING CAUSES	IGS USED
MEDICAL C	OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK 27a I certify that (I) (1 saw the deceased above, (I) (we) (dic 27b. SIGNATURE 27d PHYSICIAN'S NAM OH A	USE OF DEATH LEXAMINER) D Color of the col	HOUR A.M. P.M. 10 PLACE OF AT HOME STREET tended the control of the place of the pl	MONTH INJURY FACTORY OF	19 5 6 ar	211 LOCATION STREET 19 79 Ind that in (my) (out) opinion of the control opinion of the control opinion of the control opinion of the control opinion	to	VN 19.	rnd from the c	2/85
23a E	BURIAL, CREMATION, RI (SPECIFY) Burial	EMOVAL 236	DATE 8/15/	85		emetery or crematory on Cemetery	23d LOCATION CITY OR TOWN Quincy Tw	rp. F	rankli	n State

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottend should be detached for use as the burial-transit permit. Then please remove conwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or

TTENDING PHYSICIAN The lo

MPORTANT: If Hem 21 is morked or Item 18 shows ony

Pa. 17268
Waynesboro 50 S. Broad St.

Quincy Twp. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Pa.

(VRA 15, 4)

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AND MELECULAR CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

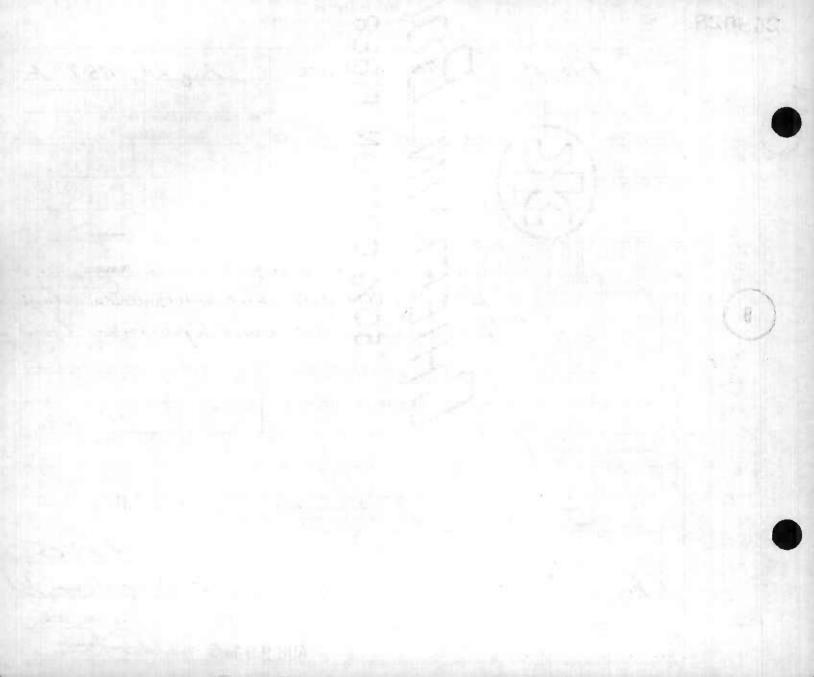
		REGISTRAR					REG. N	О.		
		EASED NAME FIRE	yd	MIDDLE	tendr	ickson	20 DATE OF DEATH	24.19	78AR 26. H	OUR 25 Am
	3. SEX		4 RACE		S. DATE C	F BIRTH	6. AGE LINYEARS LAST A			DER 74 HRS
1		male		hite	0cto	ber 3, 1911		73 YRS MONTHS	DAYS HOUR	S MIN.
	7a. BIF	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH	
	Ma	aryland	U.S		WIDOWE	D DIVORCED		shington		MD.
1		agerstown	HE NOT IN SUI	HEACHITY GIVEST		spital	Ough mixe		KIND OF BUS USTRY read Mi	iness or
)	130 S		ome or other institution COUNTY ashington	134 CITY OR THE Hagers	OWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 116 West I	ZIP CODE loward Str	21 reet	1740
A	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		IAST	
4		Otis	L.	Hend	rickson	111101	L.	Lor	iderbac	k
		AS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDR		SACT DUA	
	- (1	no	ES, GIVE WAR OR DATES)	214-09	-7755A	Mrs. Mary P.	Hendrickso	n, Hagers	town.	MD.
		18 CAUSE OF DEATH IEM PART I, DEATH WAS C	ter only one couse per AUSED BY:	- /	//.	0	17/		APPROXIMATE IN	NTERVAL AND DEATH
		IMM	EDIATE CAUSE (a)	Bieed	ing a	ciaches is	with ex	anguinal	104 0	tays
		DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which gove rise to immediate couse (a), stating the DIJETO ORAS A CONSPOJENCE OF								
1	9	couse (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN P	ART Ita	
4	TION				The same		20a AUTOPSY?			
1	CERTIFICATION	19a DATE OF OPERATION	DATE OF OPERATION 196 CONDI		ITION FOR WHICH OPERATION WAS PERFORMED			206 IF YES, WERE IN CERTIFYING C YES	AUSES OF DI	
1		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110010	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INSL	JRY IN ITEM 18 PART I OR I	PART 2)	
	ICAI	(IF EITHER NOTIFY MEDICAL EX	AMINER) P.	Μ.	19					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE	OF INJURY REET, FACTORY, OFFI	ICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COU	INTY	STATE
H		AT WORK AT WORK		1 1/	//	25 27	Pos	11 (3		
		220. I certify that (I) (this saw the deceased all	ve an	23 1	170	id that in (my) (our) opinion o	eath occurred on the d	ate and hour and fu		stated
		abave, (1) (werran) (c	lid nat) view the bady	after death.		DEGREE			DATE SIGNI	
		(Bar 1.1.	Thom	in	111	ATTENDING PHYSICIANI	MEDICAL STA	FF 3	2-24-	85
H		THE PHYSICIAN'S NAME	THE SERVICE	~	7	22e ADDRESS	J DIRECTOR FITTSK	JAIN	-	
		harres &	? Spen	cer		1198 Ken	ly Ave	Hager	slow	in Mi
	23e. B	URIAL, CREMATION, REMO	/			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COLINI	Y	STATE
		Buria1	Aug. 2			ill Cemetery	Hagerstow	m, Wash.,		and
		NERAL DIRECTOR MIN		ADDRES	66	250 DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S S	GNATURE /	6
	41	5 E. Wilson	BIVd., Hage	erstown	,Maryla	nd 21740 AUG	29 1400 9	THE WINGER		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this centificate has been signed be should be detached for use as the burial-transit permit. Their print with the State Dept. of Health and Mental Hygiene prior to burial

IMPORTANT, If Hem 21 is

O HOSPITAL OR ATTENDING PHYSICIAN: The eterned by the hospital or offending physician



BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE

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2	3	3	0	0

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
DECEASED NAME	FIRST	P	lummer	t	ASI	20 DATE OF DEATH		AY YEAR	2b. HOUR
TYPE OR PRINT)	Steve	n	0	1	toover		8 -3	30-85	3 30 A
SEX		RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
male		Whit	in ph	V MONTH	27 48	38	YRS	ONTHS DAYS	HOURS MIN.
	TE OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
Maryland		USA		WIDOWE		Washingt	on		м
CITY OR TOWN O	F DEATH 1				ROTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OF
Hagerstov	m	Washi	ngton Cou	inty H	ospital	(TYPE OF WORK FOR MOST C	F WORKING LIFE	Weste	ern Unio
JSUAL RESIDENCE (1 30. STATE Virginia	NURSING CHARLES		GIVE RESIDENCE BEFOR 13c CITY OR TOW Alexand1	/N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 2922 Syca	ZIP CODE	Street	444
FATHER'S NAME	44	IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
Ned		i i i	тооН	ver	Sarah	Jane		Plumm	ner
WAS DECEASED		ED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRI	SS		9
No	(IF YES, GIVE	WAR OR DATES)	219-46-08	391	Jane P. Ho	over, 320 E	rookl.	ine Ave	
	immediate stating the couse lost.	((c)	R AS A CONSEQUE PROBLEM ON TRIBUTING TO	BIC OF	Myrc, END NOT RELATED TO THE TERM	RIT ON P	alm	ems.	
19a DATE OF O	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDITYING CAUSES	
OR CONTRIBUTING	CAUSE OF DEAT	CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR DICALEXAMINER) P.M. 19						ART I OR PART 2)	
WHILE AT WORK	INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE								STATE
sov the d	at N1 (this hospito eceosed olive on we) (cid) (did not)		e deceased from a		nd that in (my) (our) opinion	, to death occurred on the d			that (1) (we) located
22b. SIGNATUR	/W16.	UT V	Voush	1		MEDICAL STA		8/3	SIGNED
	NAME (TYPE OR				22e. ADDRESS		E111		
30 BURIAL, CREMAT	ION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
burial		Aug. 3	1,1985 Re	ose Hi	111 Cemetery	Hagerstov	m, Was	h., Mary	Jland

DHMH - 16 60M 7/84

(VRA 15, 4)

MINNICH FUNERAL HOME 74 FUNERAL HOME ADDRESS 415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ...

DIVISION OF VITAL BECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

NDING PHYSICIAN: The low uspital or attending physician

TO HOSPIT,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYORENE

1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	3 9 0 2
	CEASED NAME FIRST ATh	ur W	4	oughton	August	7. 1985 138pm
3. SE	X	4. RACE	5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
-	Male	White	Jan.	29, 1922		YRS
	TRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR CO	
	OW York	U.S.A.	WIDOWE		Washington	126 KIND OF BUSINESS OR
Ha	agerstown	Washing	ton Count	ty Hospital	(TYPE OF WORK FOR MOST OF WORK Owner	
130 S		INTY 13c. CITY		13d INSIDE CITY LIMITS? YES 🔣 NO 🗌	337 N. Poto	
	Albert	MIDDLE	ghton	15. MOTHER'S MAIDEN NA L'Y dia	Marion	Mehaleck
160 \	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	110110120011
	Yes NOORUNKNOWN) (IF YES, G	II 070	-12-6575	Paulette R	. Houghton	same as 13
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A C	lerona	artey is	hrese	
NOIL	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	ninal disease or condition	N GIVEN IN PART 1 o
CERTIFICATION	190 DATE OF OPERATION	96 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{VOLUME} \) NO \(\text{VOLUME} \)
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IN EITHER NOTIFY MEDICAL EXAMINI	EATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART I ORPART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY
	22a I certify that (I) (this hosp saw the deceased plive o obove, (I) (we) (did) (did n	M 1 1 13 1	19 an	d that in (my) (our) apinian	death accurred on the date on	d hour and fram the causes stated
	226. SIGNATURE	e Alla		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	Frederic 1	1 V	1.	1825 1-	burell (d	1 Legas Town w
	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION	_COUNTYSTATE
	Burial	8-10-85	Cedar 1	Lawn Mem. P	k Hagerstown	n Wash. Md.

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exa TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and costanded for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal.

(VRA 15, 4)

0-85 Cedar Lawn Mem. Pk Hagerstown
305 N. Potomac St. 250 DATE RECOL BY REGISTRAR 256, REC Hagerstown. Maryland

AUG 1 2 1985 Burdson-Ands

	STA	TE OF	MARY	LAND	
DEPARTMEN	T OF	HEALT	H AND	MENTA	LHYG

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DECESSION AND THE	1073	,	FOR			DEPARTA		E OF MARYLAND LEALTH AND MENTAL HYG	PENE 5	3	90.	3
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Female Female White July 12, 1930 155 165	. W			FIRST	,	MIDDLE		AST	2a DATE OF DEATH	-	AY YEAR 2b	HOUR
Female Female White July 12, 1930 155 180	the draw	2.05		-				7.465		-	1	
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Tarrowsburg, Md. U. S. A.	01	70. B	RTHPLACE (STATE OR FO	REIGN 76	Th CITIZEN OF WHAT COUNTRY? 8			_			OF DEATH	
THE CAUSE OF DEATH HAGE PROSPITAL NURSING HOME OR OTHER INSTITUTION THE USUAL DECLIPATION WE STITUTED TO COUNTY HAT DEPTH AND THE MODIFIED TO COUNTY HAT DEPTH AND THE MODIFIED TO THE MODIF	5 55			Md.	U. S.	A.			Washing	ton		
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George Abortus Coblentz Helen Elizabeth Nuse Name Nam	199	13n °	STATE			BOODSOOT	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE AVe.	21713	
The WAS DECEASED EVER IN U.S. ARMED FORCES? NO SO DE UNKNOWN) IET ALSO OR UNKNOWN OR UNKNOWN OR OR UNKNOWN O	2 10	14. F/	FIRST	MI	DOIE .	LAST					LAST	
18 CAUSE OF DEATH lenter only one course per line for 10, 16 and icc.	10814											
IS CAUSE OF DEATH KENE only one cause per line for 101, IS and ICCL PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED	Popes medica	N N	WAS DECEASED EVER IF yes, no or unknown)						. Hutzell,	22 You Boons	boro. Mo	d. 21
ORCONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR IF ETHER NOTE WEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AI HOME, STREET, FACTORY OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY 22d L certify that (I) (this hospital) ottended the deceased from sow the deceased solive on obove, (I) (we (Idid) idid not) view the Poby offer death. 19	mit. Then ple prior to burio pny injury, or	FICATION	PART 2 OTHER SIGNI	FICANT CO	PNDITIONS C	ONTRIBUTING TO L	DEATH BUT			20b. IF YES,	WERE FINDINGS	USED DEATH?
OR CONTRIBUTION COUNTY IF EITHER NOTIFY MEDICAL EXAMINER P.M. 19		ERTIE	21. ACCIDENT WAS LINDS	RIVING [7]	21h TIAAE C	OE INTITION		Tale HOW INTURY OCCUPA				40 🗆
216 INJURY OCCURRED 216 PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 210 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET STREET 210 LOCATION STREET 210 LOCATION STREET STREET STREET STREET STREET STREET STREE	ol-tro		OR CONTRIBUTING CA	USE OF DEATH	HOUR A	M. MONTH DA		THE TOWN HOOK I OCCUR.	TENIER NATORE OF INJU	KT IN HEM TO PAR	er i Or Pari 2)	
272 L certify that (1) (this hospital) attended the discosed from 19		MEDIC	21d INJURY OCCURRE	D	21e PLACE	OF INJURY			CITY OR TO	WN	COUNTY	STAT
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 BURIAL, CREMATION, REMOVAL 230. BURIAL, CREMATION, REMOVAL 230. BURIAL, CREMATION, REMOVAL 230. DATE Brownsville Hgts. Cem Brownsville, Wash. C. 24 FUNERAL DIRECTOR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1825 Journal 1825 Journal 1826 DATE REC'D BY REGISTRARIZED REGIST	for use a of Health		22a I certify that (I) (sow the deceased obove, (I) (well, did	this hospital	l) offended th	ne deceased from	, or	nd that in (my) (our) opinion	death occurred on the de	ote and hour		t (I) (we) ses stated
230. BURIAL, CREMATION, REMOVAL 236. DATE Brownsville Hgts. Cem Brownsville, Wash. C. 24 FUNERAL DIRECTOR 230. BURIAL, CREMATION, REMOVAL 236. DATE Brownsville Hgts. Cem Brownsville, Wash. C.	State Dept		Cleur	A	Wo	, N		ATTENDING PHYSICIAN G	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN [221. DATE SIG	18L
Burial 8-7-85 Brownsville Hgts. Cem Brownsville, Wash. C. 1256 NAME OF CEMETERY OF CREMATORY PROGRAMMENT OF CEMETERY O	should b		Frederic	1.1	Kass.			1825 1 to		1 tager	stows 1	2
24 FUNERAL DIRECTOR 250 DATE REC'D, RY REGISTRARI256 REGIS		230. B	BURIAL, CREMATION, R SPECIFY) Urial	EMOVAL					ACCURAGE TO BE THE COLUMN	ille,	Wash. C.	STATE
16 60M 7/84 John H. Bast, Jr. Boonsboro, Md. 21713 AUG 7 1000	6 60M 7/84		NAME			ADDRESS				25b. REGISTRA	AR'S SIGNATURE	

Sardal 6-7-85 Arconsville Egra. Gan. Broknsville, Sah. C., Mi.

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT O

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2	. 5	.)	0	Part Aller
Gua	0	4		-

F HEALTH AND MENTAL	HYGIENE -	Gus	0	1	-
TIFICATE OF DEATH					

	REGISTRA	AR				CEKIII	FICATE OF DEATH	R	EG. NO.		
	I. DECEASED N. (TYPE OR PRINT)		FIRST Ceceli		Mae		JONES		t 8, 1985	DAY YEAR	6:30P M
	3 SEX		4	RACE			DF BIRTH	& AGE (IN YEARS		MONINS DAYS	IF UNDER 24 HRS HOURS MIN.
1	Female		33.14	White			27, 1893 YEAR	92	YRS	1	
-	70 BIRTHPLACE COUNTRY Harper	_		Va.	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE O	ngton	OF DEATH	MD.
1	Hagers		ATH		HOSPITAL, NURSING PACILITY GIVESTREET COU		or other institution	120 USUAL OCC	UPATION MOST OF WORKING LIF	12b. KIND C	Home
1	USUAL RESIDEN 130 STATE Maryla		134 COUNTY Washi	other institution	GIVE RESIDENCE BEFORE 13. CITY OR TOWN KNOXVI		13d INSIDE CITY LIMITS?	13e STREET, ADD	RESS ZIP CODE 2 Box 99	A 21	758
1	14 FATHER'S NA		Č	alvin	Trita	рое	IS. MOTHER'S MAIDEN NA Hattie		B.	Sny	der
	NO WAS DECE A			MED FORCES? WAR OR DATES)	220-54-2	_	Regina V. J	AMAG	apdress d. 2 Box	x 99A Md. 2	1758
١	18 CAUSI	OF DEAT	H (Enter only	y one cause pe	line for (a), (b), on	d (C)	- 0				IMATE INTERVAL ONSET AND DEATH
	PARTI	DEATH W	IMMEDIATE		1712CR	ela	ece Car	center	re	de	10
	gove ris	ns, if any	mediate	DUE TO, C	R AS CONSEQUE	ENCE OF	ena C.	clou		Tent	Rasau
	underlyir		lost	DUE TO, C	Cès	CRECE OF	in Seean	dary		6	mo
		THERSIG	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BU!	NOT RELATED TO THE TERM	MINAL DISEARE OF	R CONDITION GIV	EN IN PART 1	0
	190 DATE	OF OPERA	TION	196 COND	IT ON FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPS	INCERTIF	WERE FINDING CAUSES	
	21a. ACCID		DERLYING	21b. TIME C		AV VE	21¢ HOW INJURY OCCUR				
	OD CONTRA		CAUSE OF DEAT	71	M. MONTH D	AY YEAR					
	<u> </u>	NOT WE	HILE		OF INJURY REET FACTORY, OFFICE I	FARM, ETC.)	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
	saw	the decease	ed alive on_	ol) attended I	e deceosed from	5	nd that in (my) (our) apinion	death occurred or	18 the date and hou	19 \$5.	that (I) (we) lost causes stated
	27b. SIGN	ATURE	acc	edo	Brein	274	ATTENDING PHYSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN []	9/10	SIGNED 5
	X.	TA	LL D	off of	BRI	OF.	1274 CADDINESS PRE	rson	Jug	217	755
	230 BURIAL, CRI		REMOVAL	23b. DATE		NAME OF C		23d LOCATIO	NWC	COUNTY	STATE
	Buria 24 FUNERAL DI			8-12-	0)	it. Lu	ke's Cemetery		nsville,		
f	TH LOIMEKAL DI	KECIOK					ZS0 DAT	E KEC D. BY REGI	STRAR 256. REGIST	KAR'S SIGNAT	UKE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

MPORTANT: If he

John H. Bast, Jr.

Boonsboro, Md. 21713

Burill G. Cure's Cenerry Grownsville, mas. Co., Ma.

John E. Sest, Mr. Boomsbore, Mr. 21713 Language

2092		FOR 10-85 STATE 10-85 REGISTRAR	D.W.			ARTMENT OF CERTI	E OF MARYLAN HEALTH ÀND MI FICATE OF DE	ENTAL HYGII	ene) 2 reg. no	3	0 8)
5 to 6		CEASED NAME E OR PRINT) Wi	lliam		J.		ies nes	-		8-28-8		26 HOUR 10: 15P.
s after death	3 SE	× Male		4 RACE	HITE		DF BIRTH -15-31	YEAR	AGE (INYEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Once Tool		IRTHPLACE STATE OR COUNTRY) 11ghmanton		Th CITIZEN OF V		TRY? 8 MARRI WIDOW	ED NEVER MA	ARRIED D	BALTIMORE CITY O	R COUNTY	OF DEATH	ME
notified		ity or town of de.	ATH			RSING HOME	OR OTHER INSTIT	UTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST O Custodian	ON F WORKING LIFE	126. KIND OF INDUSTRY HOSP	BUSINESS OR
r must be	13a.	AL RESIDENCE (IF NURS STATE STATE	136 COUN		13c. CITY OR	TOWN		Provider .	Rfd. 1 Bo	x 8	21733	
System O	14 F,	John		enry		nes	15. MOTHER'S A	naiden nam Trene	Maa		Mongan	
medico		WAS DECEASED EVER YES, NO OR UNKNOWN)	1955			28-8339	Mrs.		J. Jones,	Rfd. 1	Box 8	21733
to buriol, cremation, ar njury. or other traumat	NO	Conditions, if ony, gove rise to immodule (0), stolin underlying couse	mediote ng the lost	DUE TO, OR	AS A CONS	EQUENCE OF	NOT RELATED TO	O THE TERMIN	nal disease or coni	DITION GIVE	N IN PART 110	
ows any	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDIT	TION FOR WI	HICH OPERATIO	N WAS PERFORM	MED	206 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
ed or Item 18 sha	MEDICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCURI	CAUSE OF DEAT	P.A 21e. PLACE C	A. MONTH A. OF INJURY	DAY YEAR 19	211 LOCATION STREET	1.29	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	hantif	STATE
em 21 is morb		226. I certify that (I) sow the decease obove. (I) (we) (c) 226. SIGNATURE	(† XXXXX	Aug. 27	deceased fr	om Fe	nd that in (my) (a	19 <u>67</u> (r) opinion de	, to Aug. 2	-		
Z H H	-	MI	MA	rule	of		M. D. ATT		MEDICAL STAF	IAN []	8-29-	
MPORTANI			Byrk	it, M.D.				Willia	st Potomac umsport, Ma			5
	23a 1	BURIAL, CREMATION,	REMOVAL	23b. DATE 8-31-			emetery or cri	EMATORY	23d. LOCATION Tilghman	ton. V	Vash. C	o. Md.
50M 1/81 15, 4)	24 F	ohn H. Bas	t, Jr		asboro		1713	25a. DATE	REC'D. BY REGISTRAN	256 REGISTR		IRE

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Tilghamanan, Mi. U. - A. - Washington

Indicace numbers Out 1.55 televist

Maryland emailington whiches a market and street

John Henry John Frene Hate Hongen

Yes 1955 220-28-0138 Pre. Connie J. Jones. 281737 20133

State of the second

Win H. Bat, W. Bonsborg, Mr. 2773

Burdal 8-31-85 Monor Sementry

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 252068 REGISTRAR REG. NO DECEASED NAME KNOWN 2h HOUR (TYPE OR PRINT) KANTAK Kori Lee DEATH MATED Aus 24 1985 4. RACE SEX 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 00 white female 22. 1977 Oct. DEAD PM 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY! U.S.A. New Mexico WIDOWED DIVORCED Washington CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MONTO AVORKING LIFE Hagerstown Washington County Hospital USUAL RESIDENCE (IF IN NURSING ROME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 76180 34 COUNTY North Richland 5504 Dublin Lane Texas YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIGGLE Daniel Dolengo Kantak Karen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) Karen Kantak, North Richland, Tx. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: Object Collision- E813 IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Victim thrown from Cobile Lausing Modive gave rise to immediate cause (a) stating the underlying cause last. Hadd Inimies PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO Q 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR UNDERLYING 40R Thrown from Vehicle Following Accident MEDICAL 74 P.M. Aus CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 211 LOCATION WHILE AT WORK IS- SI- North Mausans Mansons Wille Md 22a. I certify that I took charge of the remains described above, held on and in my apinion Accident A death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE. EXAMINER'S NAME TYPE OR PRINT) 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL COUNTY N STATE Warners. Aug. 28, 1985 Greenlawn Memorial Park 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE y windson-Mandalor VR A15 ME (5) 415 E. Wilson Blvd., Hagerstown, Maryland 21740 15M 7/77

STATE OF MARYLAND

THE RESERVE OF STREET ASSESSMENT

Family Laurence Familia

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TIME SAIDRAU - See

THE CRAST STATE TO SALUGHAVOID A. CITCHLESOTHATA - EN-

TEST WINGER TO A TEST

CHARLES III, .d. HAGERSTOWN, ASYLAND ZING

Rose Hill Cemetery

415 E. Wilson Blvd.

Hagerstown Md. 21740

Hagerstown

256. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAR

Washington

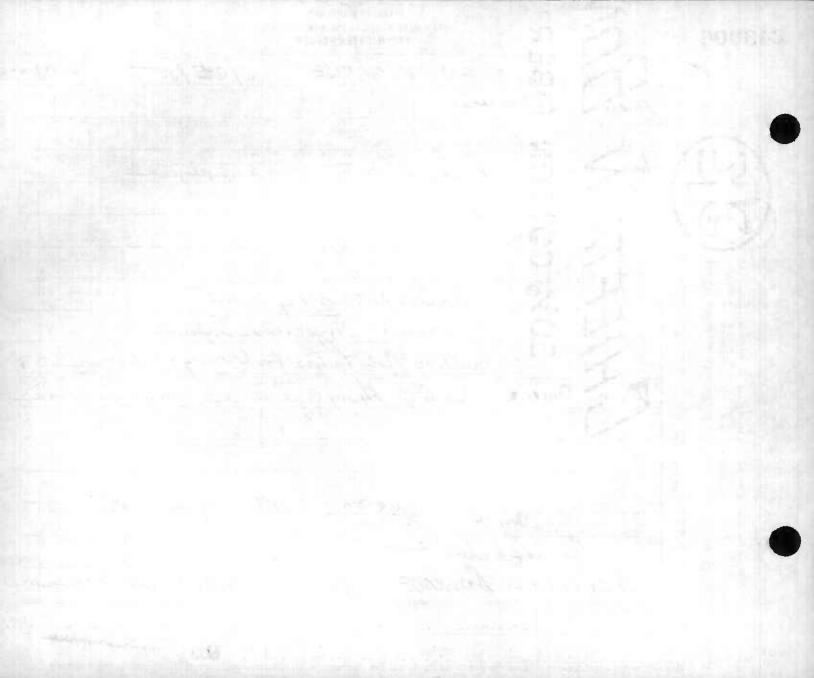
8- 29-

Burial

Minnich Funeral Home

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2n DATE OF DEATH PECEASED NAME YPE OR PRINTI Iva Lena 4. RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR female white 1908 January BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Washington DIVORCED Maryland WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hagerstown Ravenwood Lutheran Home homemaker USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Washington 330 Robinwood Drive 21740 Maryland Hagerstown NO X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Stump Robert Miller Susan ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN 220-05-6872 No Marie J. Knapp, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE C underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 210. ACCIDENT WAS UNDERLYING

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased alive an

22a L certify that (1) (this hospital) attended the deceased from

above, (I) (Ive) (did) (did nat) view the bady after dea

21d INJURY OCCURRED

230, BURIAL CREMATION, REMOVAL

21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM ETC)

CONDITION FOR WHICH OPERATION WAS PERFORMED

19

211. LOCATION STREET

ATTENDING

CITY OF TOWN

O THE FERMINAL DISEASE OR CONDITION GIVEN IN PART

20n AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED

20h, IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22d, PHYSICIAN SHAME TIME OF BEST

burial

226. SIGNATU

22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be 0

be

MINNICH FUNERAL HOME Wilson Blvd., Hagerstown, Md. 21740

Aug. 14, 1985

s-la wardson-physicala

Hagerstown, Wash., Maryland

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eral director pa 72 hours ofter a

pino

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

Karale	4. RACE	May	LIN		August 2	8, 1985	5	1:30P
			f DATE C					
'emale					6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS
	White	9	Aug	ust 17, 1916	69	YRS	THS DAYS	HOURS MIN.
IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	BALTIMORE CITY OF	COUNTYO	FDEATH	
tietam, Md.	U. S	. A	WIDOWE		Washingt	on		ME
ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HEACHLITY, GIVE STREET AS BALTIMOT	HOME CORESSI	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF HOUSEWIfe		126. KIND C INDUSTRY	F BUSINESS OR
STATE 13b C	OUNTY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS /	ZIP CODE Ltimor	st.	21740
ATHER'S NAME Robert	Lee	Campbell		15. MOTHER'S MAIDEN NAM			Ť	Boyer
				John H. Line			Md.	21740
Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OF	r as a conseouen	NCE OF A	andies An	rest		My Mx	oriset and death
	((c)	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	OITION GIVEN	IN PART 110	
D. M-								
190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	IN CERTIFYIN	NG CAUSES	
OR CONTRIBUTING CAUSE	DE DEATH HOUR A.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURRI	D (ENTER NATURE OF INJUR	IN ITEM 18 PART	LOR PART 2)	
21d IN JURY OCCURRED WHILE NOT WHILE AT WORK			RM, ETC)	21f LOCATION	CITY OR TOV	/N	COUNTY	STATE
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FUNERAL DIRECTOR: should be detached for with the State Dept. of I MPORTANT BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

*

230. BURIAL, CREMATION, MMOVAL (SPECIFY) **Burial**

23c. NAME OF CEMETERY OR CREMATORY 8-31-85 Boonsboro Cemetery Boonsboro, Wash. Co., Md.

24 FUNERAL DIRECTOR John H. Bast, Jr.

724 SIGNATURE

Boonsboros Md. 21713

DEGREE

22e. ADDRESS

ATTENDING

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MEDICAL STAFF DIRECTOR PHYSICIAN

22c. DATE SIGNED

1:302	August 28, 1985		SKIL	V-S	9.7c.7al	
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	novaninas		X.	8 -3		LM ,mnsmife.
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Jurial Baji-05 Journberg Scomberg, SBh. Cu. Mi.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

Very rise inspiration of unerdung pursicion. VERAL DIRECTOR. After this certificate has been signed by the ottending physician and the fined in by the funeral director, page be detected for use as the buriot-transt permit. Then please remove carbon popers, fining it and the filled within 72 hours ofter despite a State Dopp is followed. A Manual Hygiene prior to buriot, for remotion, or remotion, or remotion. ANT, if them 2) is marked on them 18 shows any injury or other transfer in the manual properties.		Illed in by the funeral director, page	Id be filed withyn 72 hours ofter d		and the notified of once.
In INSECTOR. After this certificate has been signed by the ottending physicians a LORECTOR. After this certificate has been signed by the ottending physicians etached for use as the buriol-transit permit. Then please temove carban popels for each of the Mantal Hygene prior to buriol, cremation, or remayol. If them 21 is manched or them 18 shows any injury, or other troundstevent, the man		- Por	gs Land 2	1	col etom
e D	nosbiral of alleriang property.	RECTOR. After this certificate has been signed by the attending physic art and	hed for use as the buriof-transit permit. Then please remove carbangopers, Par	ept. of Health and Mental Hygiene prior to burial, cremation, or removal	them 21 is marked or Item 18 shows any injury, or other troumatic event, the me

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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ĭ 1	BP.	1	85	5	4	9
ЭН		- 16 /RA				84

1		EASED NAME FIRST	MIDDLE	L/	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	TYPE	JOSEP.	H W		LIN	IGG		81	21/85	927 M
	3. SEX		4 RACE	5. DATE O	FBIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Ma	le	White	May	23, 19	12	73	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	NEVER M.		9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
2		ryland	U.S.A.	WIDOWE		ORCED	Washing	ton C	ounty	MD.
2	10. CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.		R OTHER INSTI	TUTION	120 USUAL OCCUPAT			F BUSINESS OR
	Ha	gerstown		County	Hospi	tal	Brick Ma		Self-	-Emp
1	USUA 130. S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEF		13d. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	/ ZIP COD	F 21	121
1		ryland Wash	ington Hager		YES	NO 🗌	509 Rho	de I		lve.
9	14 FA	THER'S NAME	MIDDLE LAST	1000	15. MOTHER'S	MAIDEN NAM	MIDDLE.		LAS	ī
V	J	oseph Fra	ncis Lingg		Cath	erine	Magad		Bent	Z
1		AS DECEASED EVER IN U.S. AR	E WAR OR DATES)		17 INFORMAN		ADD	RESS		
	Y	es, no or unknown) (IF yes, giv	II 214-09	-9579A	Jose	eph W.	Lingg	same	as 13	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b),	ond (c).)		0			BETWEEN	MATE INTERVAL ONSET AND DEATH
			E CAUSE (a) COYC	man	40	cclu	sion		Lm	mediate
			DUE TO, OR AS A CONSEC	DUENCE OF	-	^				
		Conditions, if ony, which gave rise to immediate	((b) Cas	cles	soo	Levo	sis			
		cause (o), stating the	DUE TO, OR AS A CONSEC	DUENCE OF						
			((c)							
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED	O THE TERMIN	NAL DISEASE OR CO	ADITION G	IVEN IN PART 110	2
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION	MAS PEPEOP	MED	20s AUTOPSY?	120h IF VI	ES, WERE FINDIN	ICC LICED
4	FIC,	THE DATE OF OTERATION	The Condition Tok Will	CITOPERATIO	1 WASTERIOR	MED		IN CERT	IFYING CAUSES	OF DEATH?
-	E	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJ	URY OCCURRE	YES NO		PART LOR PART 21	NO [
1		OR CONTRIBUTING _ CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR			(Ellien Halone of the	out a vinem to		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211. LOCATIO	N				
	WE	WHILE IT NOT WHILE IT	JAT HOME STREET, FACTORY, OFFIC	E, FARM ETC.)	STREET		CITY OR T	OWN	COUNTY	STATE
	-		tal) attended the deceased from	12/	23	10 80	10 8/2	-1	10 85	that (h) we) lost
		saw the deceased alive on	0-129/85:0		d that in (my)	aur) apinion d	eath accurred an the	date and he	out and from the	
þ		22b. SIGNATURE	t) view the body are deoth.	0	DEGR <u>EE</u>				22c. DATE	S/GNED /
,		Kardy	(0 02	col u	10 AT	TENDING	MEDICAL STA		81	21/8
		224 PHYSICIAN'S NAME (TYPE C	R PRINT)	. /	22e ADDRESS		A THIS	CINIT		11
		KVh(AMPDE	//	1	NA	GeR	51	0W 2	1/1/
		URIAL, CREMATION, REMOVAL	236 DATE 23	NAME OF C	EMETERY OR CE	REMATORY	23d. LOCATION	7-11-11-1		
	(5	Burial	8-23-85	Rose H	ill Ce	emeter		town	Wash.	Md. STATE
	24 FU	NERAL DIRECTOR		otomac			REC'D. BY REGISTRA			URE
	Ge	rald N. Minn		wn. Ma	ryland	ATTO	0.0 4000	10. 20	·	

CERTIFICATE OF DEATH

BY SELVETS STATE IN HISTORY made of a colored that my granity of 12/3 02 25/10 5/61/9 20 Just 1 L. Con Just a Estate 11 11 C. C 23 TOL WALL Alexandra David

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR, After this certificate has been should be detached for use as the burnal-transit permit.
with the State Dept. of Health and Mental Hygiene prior
IMPORTANT: If Hem 21 is marked or Hem. 18 shows any

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO

I. DECEASED	NAME FIRST									
	CI	arence	James	LOW	MAN	2a DATE OF I	BEATH MONT	21-	85	12: 27
3 SEX		4 RACE		5. DATE OF	F BIRTH	6. AGE (IN YE)	RS LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24 HRS
Mal	е	White		Dec.	10, 1910 AR	74		YRS.	5 DAYS	HOURS MIN.
0.00	CE (STATE OR FOREIGN		WHAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMOR	E CITY OR CO		EATH	
	ngton Co.	, Md. U.	S. A.	WIDOWE		Was	nington			MD
Hager	stown				ursing Home	Truck	OF MOST OF WOR			eut Co.
Maryl.	and Wa	ME OR OTHER INSTITUTION COUNTY ashington	GIVE RESIDENCE BEFORE AF 13c. CITY OR TOWN Hagerstor	wn	13d. INSIDE CITY LIMITS? YES MO	141/	DORESS / ZIP		St.	21740
te father's	NAME FIRST Urice	MIDDLE	Lownan		15 MOTHER'S MAIDEN NA/ Jennie	ME	WIDDIE	Ba	rnhi]	i Li
IVES NOO	CEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECURI		17 INFORMANT	OLD I	ADDRESS	. Chu	noh (24
Yes	W.	. W. Two	220-10-32	227	Bertha V. Lo	wman,	Hagers		Md	2171.0
under	rise to immediate (0), stating the	DUE TO, OF	R AS A CONSEQUEN							
IFICATION	TE OF OPERATION		TION FOR WHICH O		NOT RELATED TO THE TERM	20a AUTOP	SY? 20b.	IF YES, WEI	RE FINDIN	GS USED OF DEATH?
AEDICAL CERTIFICATION Second Constitution AIP TO THE CONSTITUTION AIR TO THE CONSTITUTION AI	CIDENT WAS UNDERLYING TRIBUTING CAUSE O HER NOTIFY MEDICAL EXAM JURY OCCURRED	I9b. CONDI G	TION FOR WHICH O F INJURY M. MONTH DAY M.	YEAR		200 AUTOP	SY? 20b.	IF YES, WEI CERTIFYING YES EM 1B PART I C	RE FINDIN CAUSES	NGS USED
WEDICAL CERTIFICATION 19a DA 21a. AC 21a. IN 21d. IN 22a.I c	CIDENT WAS UNDERLYING TRIBUTING CAUSE O HER NOTIFY MEDICAL EXAM JURY OCCURRED NOT WHILE AL WORK	I 196 CONDI G	FINJURY M. MONTH DAY M. DF INJURY EET, FACTORY OFFICE, FARI	YEAR 19 M. EIC)	211. LOCATION	200 AUTOP YES RED (ENTERNATL To 200 MEDICAL	SY 20b.	IF YES, WEI CERTIFYING YES EM 1B PART I C	RE FINDIN CAUSES PR PART 2)	NGS USED OF DEATH? NO STATE that (1) (we) lost couses stated

2.63(1) 12 Martin 1910 1 74 74 1910 1 Esparatoum la venico 1 Ligheran furcing como Truck miver siscut co. Marylana assilation Hagaragoan a this a Coured St. 21110 Methods of Lorenta Countries ffing c Tes ... is 2'0-10-3227 Server .. Lower, Angergrown, M. 20110 commence hard and and

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cen . Bust, d. Stonesonto, Et. 20013

8-23-85 Benevala Cometant democia Co. Mil.

DHMH - 16 60M 7/84 (VRA 15, 4)

Major M. Osborne P.O. Box 348 Williamsport Md

Aug 5 1985

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

23d LOCATION

Williamsport Washington

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

23c NAME OF CEMETERY OR CREMATORY

Greenlawn Mem. Park

4 - a walkdron Ganda BR

26 HOUR

NO [

STATE

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0.40	0	-	

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
		EASED NAME OR PRINT) Joh	FIRST	6	reston /	MART	-IN	2a. DATE	Pugust ,	33,1	985	9 HOUR	5/2
	3. SEX			4. RACE		5 DATE C		6 AGE (IN TEARS LAST BIRTHDAY	Y) IF U	INDER I YEAR	IF UNDER 24	HR5
		Male	3.50	White	2	Dec.	21, 1969		75	YRS	INS DATS	HOURS	MIN.
-	7a. BIR	THPLACE (STATE ORF	OREIGN	Th. CITIZEN OF	WHAT COUNTR	Y? 8		9 BALTIA	AORE CITY OR CO		DEATH		
ķ,	C	nnsylvania		USA			NEVER MARRIED	LIAC	HINGTON				
_		Y OR TOWN OF DEA	Tha		HOSDIYAL NILIBS	WIDOWE	D DIVORCED DIVORCED	-	AL OCCUPATION		101 1/10/10	F DI ICINIECO	MD
1			In	LIE NOT IN SUC	H FACILITY, GIVE STRE	EET ADDRESS)			ORK FOR MOST OF WO		126. KIND O INDUSTRY Adver		
		agerstown			gton Cou		spital	Sal	esman		Adver	tisin	g
	13a S	L RESIDENCE (IF NURSI TATE ryland	NG HOME OR I 13b COUN Washi	other institution TY ngton	GIVE RESIDENCE BEF 13t CATY OR TO WILLIAM		13d INSIDE CITY LIMITS?	130 STREE	T ADDRESS / ZIE	cope n.Apt	s. 2	1795	
0	14. FA	THER'S NAME	- 3/4	AIDDLE	1461		15. MOTHER'S MAIDEN NA	AME					
P		John	M		Martin		Martha		K. MIDDIE	E	shelm	an	
-	16a W	AS DECEASED EVER	IN U.S. ARA	AED FORCES?	16b SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS				
	no	ES, NO OR UNKNOWN)	HE YES, GIVE	WAR OR DATES)	214-05-	8687	Edna E.Mart	tin (item 13	ahove)		
d					21107	0007	Lana Linari		100 15	45010			
		18 CAUSE OF DEATH PART I. DEATH W.	A (Enter onl AS CAUSED	y one couse pe DBY:	A selection	ond ici	national			3	BETWEEN	MATE INTERVA	ATH
ì			IMMEDIAT	E CAUSE (a)	rimor	(te	MIONIC				64	566/-7	
				DUE TO, OI	RA CONSEC	VENCE OF	to or			./	+	6- 6	-
	- 1	Conditions, if ony,		(b)	HOWVE	nvome	10717			-GOO	712/	HULS	
J		couse (a), stating	g the	DUE TO, OI	R AS A CONSEC	DUENCE OF					2	[Van	10/
		underlying couse	lost.	(c)								3/60	4
	7	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING T	DEATH BUT	NOT RELATED TO THE TER		ASE OR CONDITION	on given	IN PART 110	3	
	CERTIFICATION	Chro	mic (JOSTVU	chia /	ulman	our diseas	.6					
	8	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a Al			ERE FINDING CAUSES		2
	E							YES [YES [NO [
Ī	8	210 ACCIDENT WAS UND	ERLYING _	21b. TIME O			21c. HOW INJURY OCCUP	RRED (ENTER	NATURE OF INJURY IN	ITEM IS PART	T OR PART 2)		
		OR CONTRIBUTING											
	MEDICAL	216. INJURY OCCURR		P.		19	21f. LOCATION						
	ME	WHILE NOT WH			EET, FACTORY OFFIC	E. FARM ETC)	STREET		CITY OF TOWN	1	COUNTY	STA	1E
		AT WORK	6				1 171			13	0.7	-	
		220.1 certify that	this hospit	ol) ottended th	e deceased from	y C	8 21, 19	10_	6/	19 19	01	that Ciffre) lost
		obove (I)	id and not	he body	offe death.	, on	nd that if (my) (our) opinion	death occu	rred on the dote o	and hour or	d from the	couses state	d
		226. SIGNATULE	7	(1)	in	1	799				201	SIGNED	4
P		196	W	Jour	W	1	ATTENDING PHYSICIAN (DIRECTO	AL STAFF OR PHYSICIAN		6/1	412	
		22d. PHYSICIAN'S NA	ME TYPE OF	PRINT	1	-	The ADDRESS	J	λ	11	1-	LV	
		Kobe	NT	Bru	11		1459 10	Toma	ctue.	1800	JENJ1	ow	n
	23a BI	URIAL, CREMATION,	REMOVAL	236 DATE	23	NAME OF C	EMETERY OR CREMATORY	23d. LC	CATION				
	45	Crematio	n	Aug.24	, 1985 Sr	nithsbu	rg Crematori	um Smi	thsburg	Washi	ngton	Mary	land

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR Major M.Osborne (VRA 15, 4)

Williamsport, MD 21795

CI DESS MAN CONTRACT Bearing and a facilities of

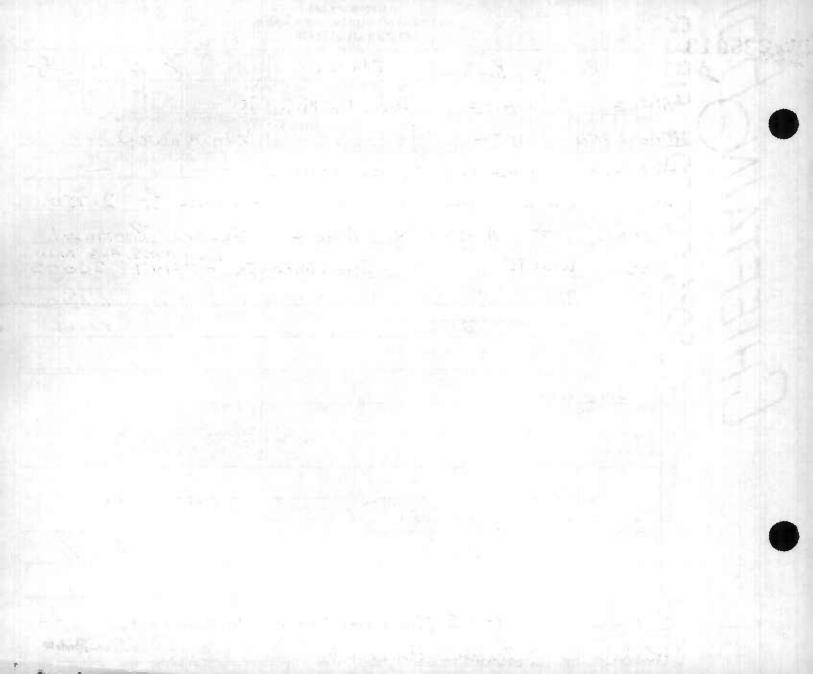
	FOR	
-	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Com	U	2	-

235013		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
* St V		CEASED NAME FIRST OR PRINT) BEVER	WIDDLE	Mason	20 DATE OF DEATH	ONTH DAY YEAR 25 HOUR
poge poge	3. SE:		Y BOOTMAN	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UNDER 24 HRS
90e 4	1	1ALE	WHITE	APPIL 16 1915	70	MONTHS DAYS HOURS MIN.
2 (6 6 6 5 K	- A - S	OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	
r dea		ARYLAND TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
1 1/9	14	MGERSTOWN	WASHINGTON (County HOSPITAL	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
24 hour		AL RESIDENCE IF NURSING HOME OR STATE 136 COUN		N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP CODE 21750
ed within	14 FA	JOHN 7	MASON LAST	SR MARIZ	ME MIDDLE	BOOTMAN
on and co			MED FORCES? 166 SOCIAL SECU	JOHN TMVE		MASS. AVE NIL
rificate a physicia emaval. event, the		PART I. DEATH WAS CAUSEI	y one couse per line for (o), (b), on OBY E CAUSE (a) Probable	Aortre Aneurye	a (Ruptur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce otherding ave carbiton, ar r othor, ar r roumatic	2	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ence of clerosis		Years.
that the d by the ease rem ol, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	ence of		
equires in signed Then pl r ta buri injury, a	NO	PART 2 OTHER SIGNIFICANT C Setzures		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART To
on. hos bee t permit. lene prio	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
CIAN: T physical phys		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART 2)
ond Mer	MEDICAL	21d INJURY OCCURRED WHILE ON OI WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOW	N COUNTY STATE
rending or of OR. After OR. After or use as if Health		22a I certify that (1) (this hospit saw the deceased alive an	of) ottended the deceosed from	and that in (my) (our) opinion	death occurred on the dat	, 19 that (I) (we) lost e and have and from the causes stated
he hasp birthed for tached for Dept. a		obove, (I) (we) (did) (did noi 22b. SIGNATURE	view the barry ofter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
O HOSPITAL etoined by th TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	PHYSICIAN (2)	DIRECTOR PHYSICIA	AN L
sho To	230 F	URIAL, CREMATION, REMOVAL DECIFY)		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	AATE
BP	15	URIAL	18/18/87 LC	MOLDWAY BAPTIS	NEEDMO I	DIRE TUCTON PA.

DHMH - 16 60M 7/84 (VRA 15, 4)



A.K. Coffman Funeral Home. Inc.

(VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 232105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-Jr. L.ee Miley DEATH MATED Leo 8-6 19 85 4. RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR 3 SEX IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED 10 85 Aug. 30,1984 White DEAD Male D. M Th CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X OREIGN COUNTRY Marvland U.S.A. DIVORCED Washington County, III. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Washington County Hospital Hagerstown 21740 13d INSIDE CITY LIMITS? 503 South Potomac Street Maryland Washington Hagerstown BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elaine Butler Milev Sr Ronda Lee Leo 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 503 South PotomacSt (YES, NO. OR UNKNOWN) Ronda E. Butler Hagerstown . Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Meningitis DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE DEPARTMENT OF H DI PRIOR TO BURIAL YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME NOT WHILE STREET, FACTORY, FARM, ETC 1 CITY OR TOWN COUNTY STATE AT WORK AT WORK X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide Undetermined manner death resulted from Natural causes Suicide PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BARTIMORE, MARY TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 8-7-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery Hagerstown, Washington, Md. 8-9-85 Burial 07/B4 24 FUNERAL DIRECTOR 25M Hagerstown Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 .K.Coffman Funeral Home, Inc. (VR A15 ME (5))

William but saids sist Toparte Determin Notes Mainte onicia e a mi mi Tom a. . Erter aporth National .bk. modominical importanted the analy toys, Jaga-. hat, mane is a yould

A. K. Coffign Enuers & done, Lic.

STATE OF MARYLAND

Boykellow est Virigania V.... X (ambiguetos Country uncie Mialo palogi-3 (primer county not stdaw Camba Chert i mentar cronidas anefrant The Aller of the said to the aller of the said to Current of King Company The talk and he to the WILL CAMPBELL FOR HACEKSTON HALL 10-12-85 Court Law n. 1 co. Facto day exertown, Casaring Con. 11d. . BE T. E VOJETLI DE A ... Coffeen want at Home, Inc.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be

ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

BP.

FOR
- STATE
- REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 9 2 2

	15	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.			
		CEASED NAME FIRST	T.	AIDDLE	t/	AST	20. DATE OF DEATH	MONTH DA	LY YEAR	2b. HOUR	_
1	(1117)	Trer	10	5	M:	1/12	TOLOGO.	8	6 85	805	м
	3. SE X	(4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS	
		F	(7u	2	13 99	86	YRS.	JAN S	HOURS MIN.	
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY C	OF DEATH		_
2		ld. 4.54	4	SA	WIDOWE		WASH	ing to	n Con	it M	D.
1	10. C1	TY OR TOWN OF DEATH		HOSPITAL, NU		ROTHER INSTITUTION	120 USUAL OCCUPATE			F BOSINESS OF	?
1	H	mers found	WAZ G.	maton	C	MSP.TAL	homemake		1110001111		
	U5UA 13a S	AL BESIDENCE (IF NURSING HOLTATE 136 C	ME OR OTHER INSTITUTION.	GIVE VESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE			
1			15hington	. /	stown	YES NO	832 Lgu		5/	2,740	
	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	Mark Control	LAS	ī	
ı		Ernest	Ε.	Sn	odderly	Gertrude	E.		Wye		
		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	SS			
	No		3.5			Edna Sines,	Hagerstown	, Md.	2	8.1.	
		18 CAUSE OF DEATH (Ent	er anly ane cause per	line far (a), (b	, and ici	13013			BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CA	DIATE CAUSE (a)	Car	diai	arrest.					
			DUE TO, O	R AS A CONSE	OUENCE OF				1335		
		Conditions, if any, whic		advan	ack Cu	edian + put	mony dese	~			
		gove rise to immediat couse (a), stating th	DUE TO. O	R AS A CONSE	OUENCE OF						
		underlying couse las	t (c)_	mes	is 1	scus.					_
	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	a	_
	CERTIFICATION							Ton in uno			
1	FICA	19a. DATE OF OPERATION	196 COND	TION FOR WE	TICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?	
	RTI		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F WILLIAM		111 110 111 111 111 0 66 111	YES NO	YES		NO 🗌	_
1		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O	110110 1		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA			19						_
	MED	216, INJURY OCCURRED	21e. PLACE	OF INJURY EET, FACTORY, OFF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	101	AT WORK AT WORK									_
	100	22a. L certify that (1) (this l saw the deceased aliv		e deceased fro	5 10	19 85 d that in (my) (our) opinian		ata and hour		that (I) (we) los	st
	- 1	above, (I) (we) (did) (d 22b. SIGNATURE	id nat) view the bady	after death.	,, 011	DEGREE		are and naur i	22c DATE		_
		220. SIGNATURE	1	. 4		ATTENDING	MEDICAL STAI	FF _ /	- L	SIGNED	
_		22d, PHYSICIAN'S NAME I	TYPE OF PRINTI	130		PHYSICIAN [DIRECTOR PHYSIC	IAN	0/6	185	_
		(14555	.141	11	1	. ,	
1/	22 5	(DE KACIA	1 Scall.		22 - 14415 05 -	1090 4 FIR	1000 1	THER	5 To a	- hd	=
	730 B	URIAL, CREMATION, REMO SPECIFY) 171a1				EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	orm LL	COUNTY M	STATE A	
	-		Aug.9			11 Cemetery	Hagerst				-
		15 E. Wilson		ADDRE	4.6	217/10	69-1985	LINE NEO ISAN	Meson-A	nde po	
	41	D. MITZOII	DIVU., nak	SETRIOM	II o Fill o	41/40			- 1	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and comples should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exam



FOR

- STATE

13e.STREET ADDRESS / ZIP CODE 316 Garlinger Ave. 21740 Ransev Mr. Lerov R. Munson Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VTENIOSCIEVOTIC Hartdisense PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (our) sprnian death accurred on the date and haur and fram the causes stated 22t. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN STATE Smithsburg Cemetery Smithsburg, Wash 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. DATE REC'D DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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014		FOR STATE ITEM NUMBER REGISTRAR 0-21-85	D-W-	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	924
ofter death		Mildred (Fe male	RACE WHITE	Nee 5. DATE MON		8 - C	DAY YEAR 26 HOUR 12 12 35 12 3
within 72 hours	10 CI		U. S. A.	MARR WIDOV	NEVER MARRIED X	YRS. 9 BALTIMORE CITY OR COUNTY Washington 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING, LE	126 KIND OF BUSINESS
2 should be filed ineknust be notif	USU/ 130_S	AL RESIDENCE (IF NURSING HOME OR O' JATE Bryland Wash	THER INSTITUTION GIVE RESI		13d INSIDE CITY LIMITS? YES NO	Nurse Assistant 13 STREET ADDRESS / ZIP CODE 104 Della Lanc	
Poges Pand 2 s				edy CIAL SECURITY NO.	15 MOTHER'S MAIDEN NA/ FIRST Clara 17 INFORMANT	MIDDLE Geneva 104 Della La	Holler
I by the the same supplied of a company of a		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	BY:	Metos CONSEQUENCE OF	tatic CA		BETWEEN ONSET AND DEA
of permit Then plants of permit Then plants prior to burn how a circle with the permit t	CERTIFICATION	19a date of operation	196 CONDITION FO	OR WHICH OPERATI	on was performed	YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{NO} \)
Ter the certificol is the burst from the burst from the burst from the burst fly deed or them 181	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK AT WORK AT WORK	P.M.	ONTH DAY YEAR 19	21t HOW INJURY OCCURR	RED (ENTER NATURE OF MJURY IN ITEM 18 P	COUNTY STAT
L DIRECTOR A enoched for unes in Digit of Health T if hem 21 is ma		22a.1 certify that (1) (this haspitol sow the deceased alive an obove, (1) (we) (did) (did not) 22b. SIGNATURE		19	DEGREE ATTENDING PHYSICIAN	death occurred on the date and hou	ond from the couses stated
TO FUNERA should be di with the Stol	23a. 8	226 PHYSICIAN'S NAME (TYPE OR P ABDUL WAH) URIAL, CREMATION, REMOVAL		23t. NAME OF	22e ADDRESS	Hill Ave. HAGE	
11/7		Burial	8-7-85		oro Cemetery	Boonsboro,	Wash. Co., M

DHMH - 16 60M 7/84 (VRA 15, 4) John H. Bast, Jr. Boonsboro, Md. 21713

BUSS TRAN 19 REGISTORY'S SIGNATURE

Fully Wardson - Handele

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Burish Boonspore Boonspore, Ed. Do., Ed. John H. Best. Jr. Boonsboro, Md. 21713 c. C Od Ess grandward with

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(VRA 15, 4)

STATE OF MARYLAND

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A.F. Coffeen Sumeral Home, Inc. 100 1 1 150 Company of the Control of the Control

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	STATE OF MARTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYPIENE
STATE REGISTRAR	CERTIFICATE OF DEATH

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19	1.	STATE REGISTRAR			50.0	CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	REC	G. NO.		
7		ORPRINT)	FIRST	1.00	MIDDLE		AST	20. DATE OF DEAT		DAY YEAR	26 HOUR
16			Trai		m.	P	ike		08-	- 24 - 85	2:55 M
- 1	3 SE	X		4 RACE		5. DATE C		& AGE (IN YEARS LA	T BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
	33	M Take	Ales	whil	ce	12	- 23 - 1901	83) YR		1100113
5)		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN C	OF WHAT COUNTRY?	0	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	NTY OF DEATH	
27	(1.5			u	5A	WIDOWE		WASH	neton	County	MD.
99		TY OR TOWN OF	DEATH	11. NAME C			OR OTHER INSTITUTION	12a USUAL OCCUI	PATION	12b. KIND	OF BUSINESS OR
0		agerstow,		WAShi	nator Cour	ty Ho	soital	Panaborn (Joco.		nele
46	USU 13a. S	AL WESIDENCE (IF	NURSING HOME OF	OTHER INSTITUTI	13c. CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CO	ODE ON	7-4
2	Ma	ryland	Wash	ingto	n Hagers	town	YES NO		ox 32		Md.
74 /	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N.			LA	61
exa,	5	Samuel	T	isher			Tda	Katheri		Wagn	
ico		VAS DECEASED E		MED FORCES		IRITY NO.	17 INFORMANT		DRESS	Hag.	
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÷ e			EATH (Enter or	ly one couse	per line far (e), (b), an			TING III	• 11 11		XIMATE INTERVAL LONSET AND DEATH
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troi		gave rise to	immediate) (b)	100000	-	The state of	July C			
the		underlying co		DUE TO	OR AS ACONSEOU	ENCE OF	4 . 1			ye	~~
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uniony	CERTIFICATION	Engles	Whole I	artin	1	Le	sind Records	MINAL DISEASE OR C	NOIRGINO.	GIVEN IN PART I	TO .
ony	CAT	190 DATE OF OP	ERATION'	19b CO1	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF	YES, WERE FIND	INGS USED
5 7	TE	775						YES NO		YES [NO [
4 × ×	E.	210. ACCIDENT WAS		110110	OF INJURY	AV VEAD	216 HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 21	
Fe 7	4	OR CONTRIBUTING		ein	A.M. MONTH D.	AY YEAR					
± /	MEDICAL	21d. INJURY OCC		21e PLAC	CE OF INJURY		211 LOCATION				
ked	X	WHILE NO	T WORK	(AT HOME	STREET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
an a				tal) attended	the deceased fram_		19			19	that (I) (we) last
					4	, a	nd that in (my) (aur) apıniar		ne date and		
E W	10	abave, (1) (w		t) view the bo	dy ofter death.		DEGREE				SIGNED
±			(1)	-1		kros	ATTENDING		STAFF _		. 5.0.125
Z-f		22d. PHYSICIAN'	S NAME LIVES	O PRINTI		1	PHYSICIAN ,	DIRECTOR PH	YSICIAN		
IMPORTANT: IF		Tto. Tittote iai.	STATE (TIPE	. , ,			THE ADDRESS				
¥ -	23a E	BURIAL, CREMATIO	ON, REMOVAL	23b. DATE	23¢. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		CRECIENT	rial			se H:		CITY OF TOW	stown	wash.	Md STATE
	24. FI	JNERAL DIRECTO			05 N. Po			TE REC'D BY REGIST	R 25b. REN	AND SHAME	- Handall
7/84	a	NAME NAME	Winn		agerstow			AUG 3 0 190	00		
	UTC	Cala Cial Ul	a 11 1 1 1 1	LUII II	CHECT DO LONG	14	L				

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246004

FOR 1 - STATE

85 23927

7	REGISTRAR			EKTIFICATE	OF DEATH	REG. ?	10				
1	DECEASED NAME FIR	ST A	AIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
1	(TYPE OR PRINT)	RLES	C.	PRUET	JR.	August	22.	1985		9:45A	M
I	3. SEX	4 RACE	5	DATE OF BIRTH		6 AGE (IN YEARS LAST B		IF UNDER		IF UNDER 24	
1	Male	White	9 1	November	4,1953	31	YR	MONTHS	DAYS	HOURS	MIN.
7	TO BIRTHPLACE (STATE OF FOREIG	76. CITIZEN OF	WHAT COUNTRY? 8		EVER MARRIED -	9 BALTIMORE CITY			ATH		
1	Georgia	U.S.	A .	VIDOWED .	DIVORCED [Washingt	ton (County			MD.
7	O CITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSING	HOME OR OTH		120. USUAL OCCUPA	TION	12b. I		F BUSINES	_
1	Hagerstown	Washing	ton County	y Genera	al Hospita	(TYPE OF WORK FOR MOST None	OF WORKIN		None	е	
	USUAL RESIDENCE (IF NURSING HI	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD		SIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP C	ODE			
1		altimore	Catonsvil.			201 Park	Dri	.ve	212	28	
J	4 FATHER'S NAME	MIDDLE	LAST	15. MC	THER'S MAIDEN NAM	ME	70		105		
4	Charles	C.	Pruet :	Sr.	Alicia	Moote			Sam	S	
1	60 WAS DECEASED EVER IN U	.S. ARMED FORCES?	16h SOCIAL SECURIT	Y NO. 17 IN	ORMANT	ADDI	RESS				
1	No	TES GIVE WAR OR DATES!	214-64-92	39 Cha	arles C. P:	ruet Sr.	Sam	ne as	# 1:	3	
Ī	18 CAUSE OF DEATH IE	nter anly ane cause per	ling for (g), (b), and co	W.	1 1			88	APPROXI	MATE INTERV	AL EATH
1	PART I. DEATH WAS C	AUSED BY AEDIATE CAUSE (a)	/ wholl	whereo	y embol	us			a	delle	
1			R AS A CONSEQUENCE	TE OF	Λ .	. / .					
1	Canditians, if any, whi		deer	very H	mount ple	lebells			10+ 4N		
1		gave rise to immediate cause (a), stating the underlying cause last								1.	
1	underlying cause last (c) The uty, dishilt								W	eun	1
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										
1											
1	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYE	196 CONDI	TION FOR WHICH OF				, WERE FINDINGS USED YING CAUSES OF DEATH?		12		
J	#		-0.2			YES NO		YES 🗌		NO	
4	TOTAL TRANSPORT OF THE PARTY OF			YEAR 21c H	OW INJURY OCCURE	RED (ENTER NATURE OF IN.	JURY IN ITEM	18 PART I OR	PART 21	,	
1	(IF EITHER NOTIFY MEDICAL EX	OFDEATH		19							
ı	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d IN JURY OCCURRED	21e PLACE	OF INJURY EET, FACTORY OFFICE FARM		STREET	CITY OR T	OWN	COL	YTAL	\$14	ATE
I	AT WORK AT WORK				1/2	2	1.	0	-		
ı	220 L certify that (I) (this	haspital) attended the	e deceased fram		11319_/		110	19_0.	5	that (1) (we	e) last
1	saw the deceased at abave, (1) (we) (did) ((Id not) view the bady	after death	J, and that	n (my) (aur) apinian (death accurred an the	date and	have and tre	am the	causes stat	ed
1	22b. SIGNATURE			DEGREE				220	DATE	SIGNED	-
J	N	ielle /				MEDICAL ST.	AFF ICIAN [87.	2311)
1	224. PHYSICIAN'S NAME	(TYPE OR PRINT)			DDRESS						
1	Thomas Poz	efsky M.D.		(11 Park A	venue, Bali	timor	e, Md	•		
1	230. BURIAL, CREMATION, REM			ME OF CEMETER	RY OR CREMATORY	23d. LOCATION		COUNT		Ç2.	76
	Cremation	8/24/	85 Wes	tview Cr	rematory	Catonsvi	ille	COUNT		514	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Leroy M. & Russell C. Witzke Funeral Homes P.A. AUG 27 1885 P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

232106		FOR STATE	22a 9/3		DEPARTMEN		H AND MI	ENTAS HYG		3) 2	8	
232100		REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	MINER'S	CERTIFIC	CATE OF I		REG. NO.	MONTH DA	AY YEAR	12h HOUR
W		PE OR PRINT)	Ren	100	Dee		Reaga	n	20. DATE KN OF DEATH A	ESTI-			
PLEASE ECTOR. FILES. HOURS	3. SE	X 4.	RACE	5. DATE OF BIRTH	6 AC	GE (IN YEARS IF U		IF UNDER 24 I	HRS. 2c. DATE	,	8 4	4 1985 PAY YEAR	2d HOUR
SARY, PLEASE AL DIRECTOR. YOUR FILES. IIN 72 HOURS STON STREET,	Fe	nale	White	Dec. 16	1959 2	ST BIRTHDAY) MON	THS DAYS	HOURS MI	PRONOUNC DEAD	ED	8	5 1985	9PM
S NECESSARY, FUNERAL DIRE 5 FOR YOUR D.WITHIN 72 H W.PRESTON S	70 B	IRTHPLACE (STAT	E OR	76. CITIZEN OF W	HAT COUNTRY?	8 MARI	RIED NEV	VER MARRIED	9. BALTIMO	RE CITY OR	COUNTYO		
S S S S S S S S S S S S S S S S S S S	W	eirton.		U. S. A			WED 🗆	DIVORCED		shingt			MD
A HE A HE	D	Sharosbu		11. NAME OF HOS	SPITAL, NURSING ACILITY, GIVE STREET A IN Stree	DDRESS)	HER INSTITU	TION 12	OUSUAL OCCUPA FOR MOST OF WORKH	TION (TYPE OF	7777	OR INDUSTR	ΥY
	USU.	AL RESIDENCE (IF	IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)	Inad INCIDE CO	ity (mires las-		14			
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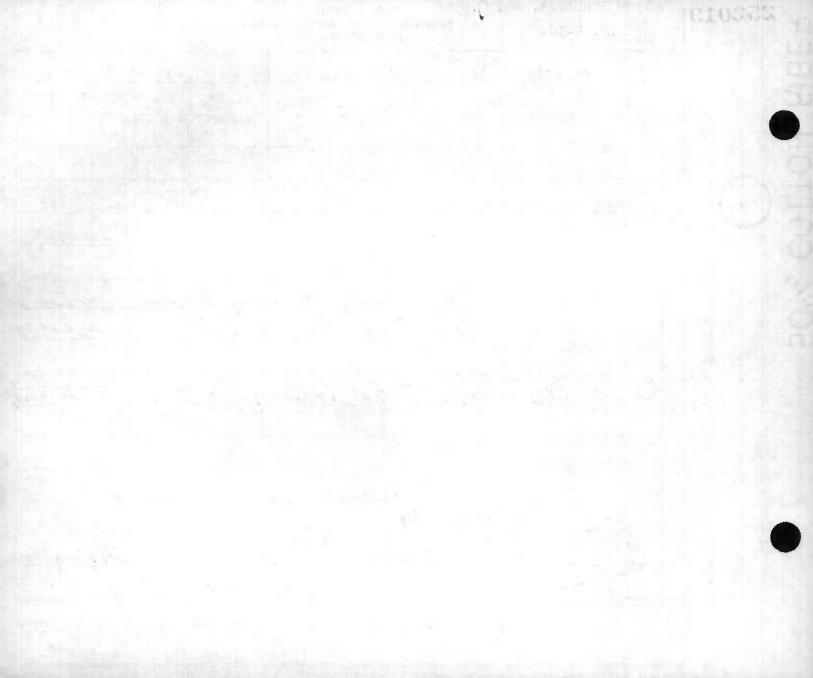
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Uremation 0-6-05 Smirnsourg orematory Smithaburg, bash. Jo., Rt. John H. Best, Jr. Boonspore, Hd. 21713

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1 - STATE D. W. 9-10-85 DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH REG, NO. 1. DECEASED NAME (IVVE OR PRINT) Martha Washington Reg, NO. Reg, NO. 26 DATE OF DEATH MONTH DAY YEAR OR 28 8 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER IV	
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	28. HOOK
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- White 08 14 1900 85 YRS.	FEAR IF UNDER 24 HRS
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	ohnston
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (195 NO OR UNKNOWN) (19 YES GIVE WAR OR DATES) 214-09-4117 Mr. Charles J. W. Renner, Hage	
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ATWORK ATWORK	
220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 2. The property of the deceased on the date and hour and from above, (1) (we) (did)/(did not view the body after debth)	, that (I) (we) lost
obove, (I) [we) (did vdid not) view the body ofter debth. 22b. SIGNATURE DEGJEE DEGJEE	ATE SIGNED
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burial Aug. 31, 1985 Rose Hill Cemetery Hagerstown, Wash., 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 256. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN	, Marylan
415 E. Wilson Blvd., Hagerstown, Md. 21740 SEP 0 3 1005	NATURE And Alle

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



Aulian Devidson

DIVISION OF VITAL RECORDS

DHMH - 16 60M 7/84

(VRA 15, 4)

A.K. Coffman Funeral Home.Inc.

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL BYGIE
CERTIFICATE OF DEATH

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1,	- STATE REGISTRAR			0117	CERTIF	ICATE OF DEATH	REG. N	40.			
	PECEASED NAME	Myda	Ai	nelia A.	ROCK	ockwell	Aug. 16.	MONTH DAY 19856/85		1.55A M	
3. 5	SEX		4. RACE		S. DATE C		6 AGE IN YEARS LAST B	IRTHDAY) IF UNI		UNDER 24 HRS	
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7 a	BIRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH		
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	city or town of Di agerstown	EATH	(IF NOT IN SUC	HOSPITAL, NUR HEACHITY, GIVE STE OOD LUT	REET ADDRESS]	r other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOST housewi	OF WORKING LIFE! IN	P. KIND OF ENDUSTRY	BUSINESS OR	
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230	BURIAL, CREMATION (SPECIFY) burial	I, REMOVAL	Aug. 17			emetery or crematory aven Cemetery	23d LOCATION CITY OF TOWN Hagersto	wn, Wash	., Mar	yland	

DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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PLEASE CTOR. FILES. TREET,	3 SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS) IF		DER 24 HRS. 2c. DATE	MONT		2d. HOUR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 THE PHYSICAN THE Communication the death certificate be executed from the death certificate the executed from the control of the control of the control of the certificate from the physican and compute the certificate from the certificate
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAERYGIENE
CERTIFICATE OF DEATH

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Lurena	Vi	rginia	SEN	ISENBAUGH		August	4,	1985			M
3. SEX	4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIRT	(HDAY)	# UNDER	DAYS	HOURS	24 HRS MIN.
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10 CITY OR TOWN OF DEATH			IG HOME C	R OTHER INSTITUT		120 USUAL OCCUPATION	ON			F BUSINE	
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OE											
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776 PHYSICIAN'S NAME (114	Garage II										
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24 FUNERAL DIRECTOR MINNI					259 9475	REC'D. BY REGISTRAR	25b. REGI	STRAR'S SI	GNATI	JRE	
415 E. Wilson	Blvd.,	Hagersto	wn, Mo	d. 21740	AVO	0 0 1902	Juli	Devid	001/	Pando	M.

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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	- STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.							
5		CEASED NAME OR PRINT)	- FIRST Saac		MIDDLE	5	nook	20. DATE OF DEATH		30 85	26 HOU 9:1
	3 SEX	m		I. RACE	Sala	5. DATE O		6. AGE (IN YEARS LAST)	YRS	IF UNDER 1 YEAR	IF UNDER
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шери		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	220-05-6		Carl H. Snoo		ress iter St	. Boons	boro
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9	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	PERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	OF DEATH
9	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEAT	21b. TIME O HOUR A./ P./ 21e PLACE O	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 I	PART 1 OR PART ?)	
OTA CO	ME	WHILE NOT WIND AT WO 22a.1 certify that (1) saw the decease	HILE	(AT HOME STR	EET, FACTORY, OFFICE F		STREET	CITY OR	N/SA	COUNTY	ST
		220.1 certify that (1)	(this hospite	ottended the	30 received from	35	nd that in (my) (our) opinion	death occurred on the	0/ 20	ond Irom the	that (i) w
ON THE REAL IS A		sow the deceos above, (f) (we) (77) SIC NATURE 'THE PHYSICIAN'S N	O.K.	view the body	ofter fleath.		DEGREE			22c. DATE/	
INTOCKLANI: IT NEW Z.I IS IT	- (17L SIGNATURE	AME TIPE OF	view the body	MD MD 23c. N	NAME OF C	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN		31/8 2), n

DHMH - 16 60M 7/B4 (VRA 15, 4)

John H. Bast, Jr.

Boonsboro, Md. 21713

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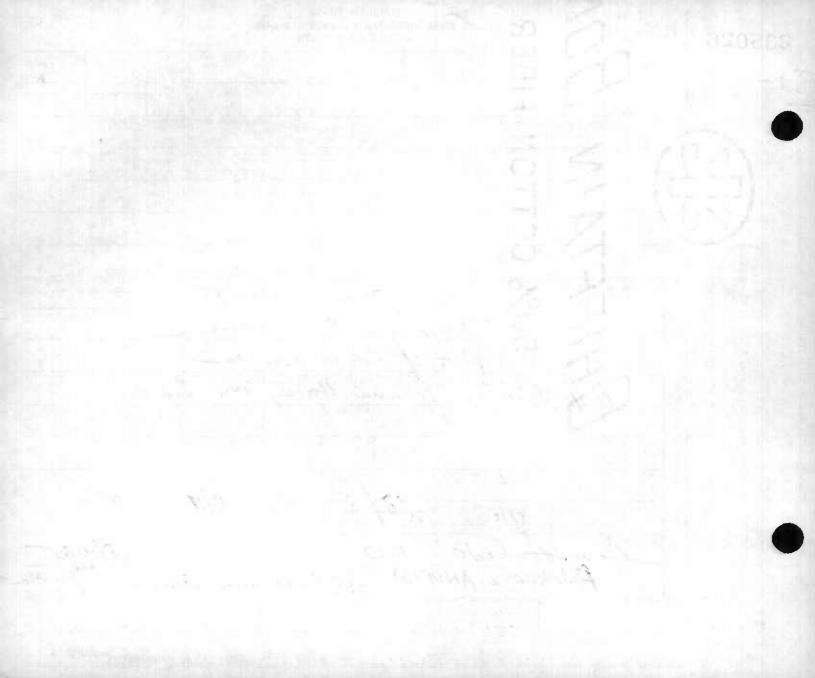
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Colm H. Jest, Jr. Boomsboro, Mr. 21719

415 E. Wilson Blvd., Hagerstown, Md. 21740

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Wilson Blvd., Hagerstown, Md. 21740

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A.K. Coffman Funeral Home Inc.

(VRA 15, 4)

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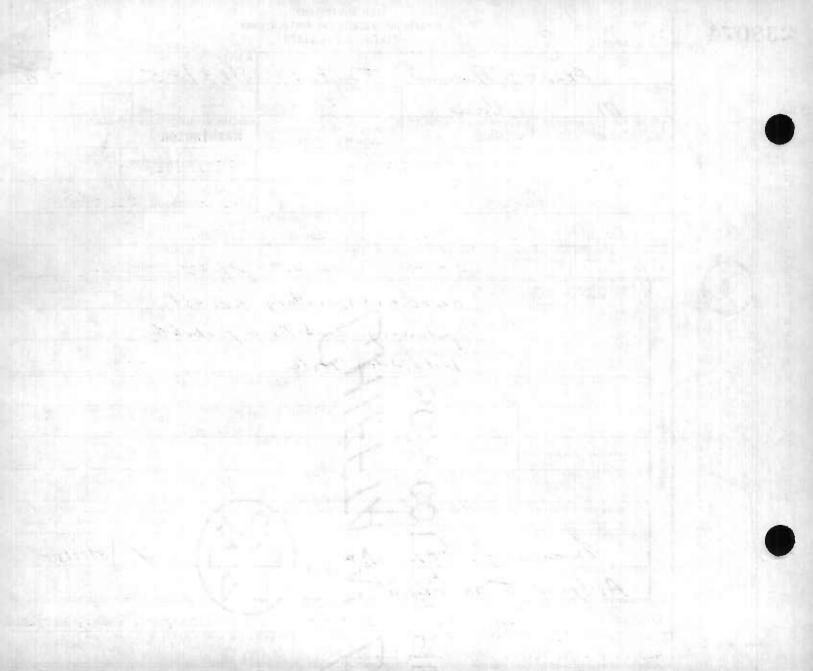
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CRADENS DELUCIO STRADU SI LOCKEDE, 1985

A. H. Cogress Ceneral Home, Inc. C. H. L. Self L.

Haryland U.S.A. Land County

23	88074	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND A	MENTAL HYGI	ENE 2 3	0.		
	r death. Page 4 may be functed director, page 3 inhand2 hours after death	3. SEX			RACE Ca CITIZEN OF V USA	WHAT COUNTRY?	5. DATE OF MONTH 6	13 NEVER M	VORCED	20. DATE OF DEATH 2 3 8 6. AGE IN YEARS LAST BE 76 9. BALTIMORE CITY C Washingto	YRS. DR COUNTY O	UNDER I YEAR NIHS DAYS	2b. HOUR A M F UNDER 24 HRS HOURS MIN. BUSINESS OR
MARYLAND 21201	ritin 24 hours ofter lely filled in by the 2 should be filled w	USU/ 130 S Má	onsboro ALRESIDENCE IN NURSI TATE Aryland ATHER'S NAME	Washin	ngton	MEMORY GIVE RESIDENCE BEFORE 136. CITY OR TOW Hagerst	ADMISSION)	13d. INSIDE CI YES [] 15. MOTHER'S	MAIDEN NAM		er	1 Circ	le
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DIVISION OF VITAL RECORDS,	uG PHYSICIAN: The low ottending physician. Iter this certificate has by so the burial-transit perm hand Mental Hygiene priked or Item 18 shows a	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING CITY OF THE CONTRIBUTING CITY MEDIC CITY OF THE CONTRIBUTION OF THE	ERLYING AUSE OF DEATH (AL EXAMINER)	21b. TIME OF HOUR A.A P.A 21e PLACE O	FINJURY M. MONTH DA	AY YEAR		JURY OCCURR	YES NO CENTER NATURE OF INJU	IN CERTIFYIN YES [G CAUSES (OF DEATH? NO STATE
	TO HOSPITAL OR ATTENDIN reformed by the hospital or TO FUNERAL DIRECTOR: At should be detached for use with the State Dept. of Health		220.1 certify that (I) sow the decease obove, (I) (we) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA	d olive on lid) (did not) vi	iew the body		N	DEGREE	(our) opinion d	, to	ote and hour o		
	BP	bi	URIAL, CREMATION, SPECE TY) 17121 JINERAL DIRECTOR	F I LU	23b. DATE Aug. 15	23ε. Ν	AME OF C	emetery or or a sewn Mem	. Park	23d LOCATION WITTIAMS REC'D. BY REGISTRAR	port, W	ash.,	Maryland
	DHMH - 16 50M 4/B2 (VRA 15, 4)	4:	15 E. Wilso			erstown,	Md.	21740	AUG T	9 1985 Jul	a Devidson	n-Hande	1



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246101	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTACHYO CERTIFICATE OF DEATH	GIENE 2	3 9 4 3	3
N		CEASED NAME FIRST	WIDDLE	ĮAST .		MONTH DAY YEAR	
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moy er de	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
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the formation of the fo	10 CI	TY OR OWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATI		D OF BUSINESS OR
is of		GERSTOWN	CLEARVIEW NURSI	NG HOME	HOUSEWI		
within 24 hound blerely filled in ad 2 should be	USU/ 13a. S	AL RESIDENCE IF NURSING HOME OF		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS A		2174
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d com		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRE		
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sicio ol. the		II CAUSE OF DEATH (Enter or	nly one cause per line (or (o), (b), and				OXIMATE INTERVAL EN ONSET AND DEATH
phy pnpa emav		PART I. DEATH WAS CAUSE	TE CAUSE (D) CONOLIC	- Pulmonery	arrest.		
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the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF S	Terminal Services		
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gned n pli buri	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	lio
requestro	CERTIFICATION						
n. n. nos bee	ICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINITING CAUS	DINGS USED SES OF DEATH?
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physici T physici T tificate i-transii ol Hygin n 18 sh		710. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEA		Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART I OR PART I	1)
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ING ostler ostler orke		AT WORK AT WORK					
OLO		220 I certify that (I) (this haspi sow the deceased alive on	tal) attended the deceased from	. 19	, to		_, that (I) (we) last
ATT OSPITE OSPITE OSPITE OF THE OFFITE OFFIT		obove, (I) (we) (did) (did no	t) view the body ofter death.	ond that in (my) (our) apinion	death accurred on the do		
OR Dep		In Signatural	1	DEGREE ATTENDING	MEDICAL STAF	/	TE SIGNED
by the by the state of the stat		22d. PHYSICIAN'S NAME (TYPA)	A PROMISE	PHYSICIAN [1 -3 /85
O HOSPITA etained by TO FUNERA Should be de with the StationAMPORTANT		CHY		THE ADDRESS			
TO HOSPITAL TO FUNERAL should be det with the Stote IMPORTANT:		2171					
	73e B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	24 51	Burial	8-26-85 Ros	The second second second		own Wash.	Md.
DHMH - 16 50M 4/83	007	INERAL DIRECTOR		mac Du.	G Z O 1095	256. REGISTRAR'S SIGN	ALURE - Mandelle
(VRA 15, 4)	100	mald M Minn	i oh Homomatour	Monrel and Mu	ULIVERON I		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

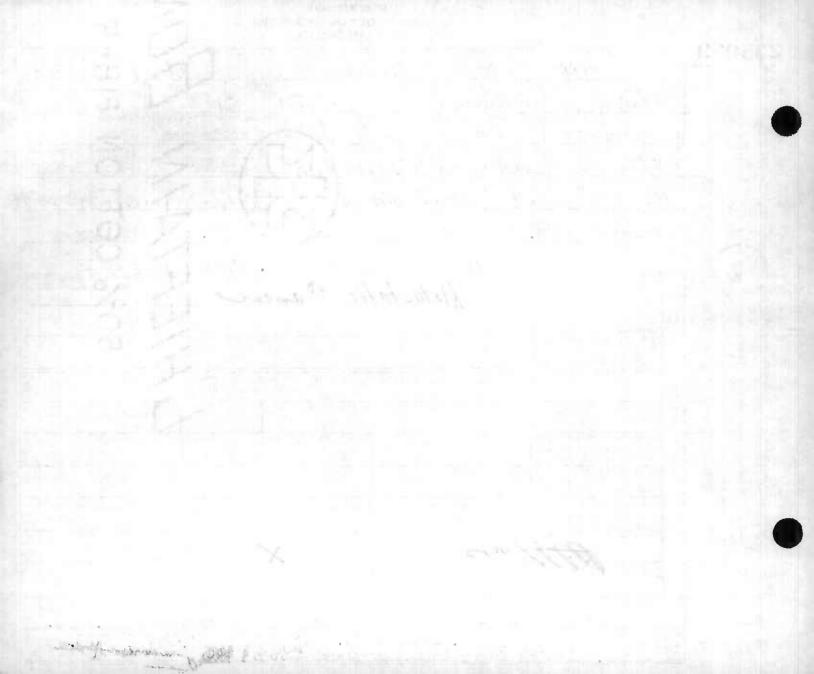
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR STATE REGISTRAR		DEPARTA		CATE OF DE		ENE E	NO.	7 4	Sur Company
39	I DE	CEASED NAME FIRST	MI	DDLE		ST		2a. DATE OF DEATH	нтиом	OAY YEAR	2b HOUR
75	3. SE	HARRY	T4 RACE		5 DATE O	SUL F RIPTH		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 Y	EAR IF UNDER 24 HR
-	9	MALE	CAUCA	SIAN	MONTH 1	∆5×	1034	151	YR	MONTHS DA	AYS HOURS MIN
16		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?		NEVER MA		9 BALTIMORE CITY		NTY OF DEATH	
1		nnsylvania	II. NAME OF H	OSPITAL, NURSIN	WIDOWEI		UTION	Washing		12h KIN	ID OF BUSINESS C
4	HA	19ERSTOWN	WASHIN	GTON C	DUNT	1 HOSPI	TAL	Engineer			RY
B	USU 13a	AL RESIDENCE (IF NURSING HOME OF TATE	PROTHER INSTITUTION OF	131. GITY OR TOWN		13d INSIDE CITY	LIMITS?	130 STREET ADDRES	S / ZIP CC	CONY A	ANE al
11	14. F/	ATHER'S NAME FIRST	MIODLE	LAST		15. MOTHER'S A		E MIDDLE		1	IZAL
1		Harry	R.	Tiss		Flo	е	N.		Holi	day
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	190-28-1	1841	17 INFORMANI Harcel		F13 •	RESS B S E	me as	13
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ED BY.	ne for 10 161, of	esta-	fic (dance	en		BETW	ROXIMATE INTERVAL EEN ONSET AND DEAT
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which (b)									
		couse (0), stating the underlying couse lost	DUE TO, OR	AS A CONSEQUE	ENCE OF						
	z	PART 2 OTHER SIGNIFICANT		NTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CO	NOITION	GIVEN IN PAR	Tho
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORM	MED	20a AUTOPSY?		YES, WERE FIN	NDINGS USED
7	RTIFI							YES NO		YES 🗌	NO []
7		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M	MONTH D	AY YEAR	?1c. HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF I	NJURY IN ITEM	1B PART LORPART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O			211. LOCATION	1	CITY OF	TOWN	COUNTY	STATE
		22a.1 certify that (I) (this has	oital) attended the	deceosed from_			19	_ , to		, 19	, that (I) (we) le
		sow the deceased alive a above, (1) (we) (did) (did n	n ot view the body o	ifter death.	, on	d that in (my) (a	eur) apinion d	eath occurred on the	date and		
		22b. SIGNATURE	12m			DEGREE ATT			AFF	22c. D.	ATE SIGNED
+		22d. PHYSICIAN NAME (VE	offered;	J.		22e ADDRESS	IYSICIAN A	DIRECTOR PHY	SICIAN		
1											
1		BURIAL, CREMATION, REMOVA	L 23b DATE	23¢ 1	NAME OF CI	METERY OR CR	EMATORY	23d LOCATION		1000	(****
1		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	1 23b DATE	-85 Re			meter	23d LOCATION CITY OR TOWN REC'D. BY	own.	county Wash	STATE PID.

DHMH - 16 60M 7/84 (VRA 15, 4)



OR ALTHURING PHYS. IN 18 DE PERIND THE DESTRUCTION OF PROSTATION OF PROSTATION OF PARTY AND THE PART	by the haspital or attending physician.	etained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company filled in by the funeral director, page 3	etoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician according to the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers, and a hould be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burnal, cremonian, or removal.
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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

}		REGISTRAR				CEKITI	ICATE OF DEA	ın	REG.	NO.			
		CEASED NAME OR PRINT)	ELLA		paret		OWNLE)	/	20 DATE OF DEATH	MONTH DA	1985	2b HOU	JR OO
	3. SE)			4 RACE	, ,	S. DATE C	OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY) IE	UNDER I YEAR	IF UNDER	
ġ	1	Female		I_wh	ite	MONTE	29 19	12	73	YRS	NIHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE	-9-		WHAT COUNTRY?	MARRIE		RIED -	BALTIMORE CITY	OR COUNTY O	FDEATH	41	
4		ew Jersey		U.S.		WIDOWE	DIVORO		12g USUAL OCCUPA	TION	12b. KIND O	F OLICINI	MD.
7	H	AGERST	OWN	Washi	ngton (Poun:	tu Hospi	tal	Reg. Nurs	TOE WORKING LIFE)	Priva		
9	13a S	AL RESIDENCE HEN	13b COUN	YTY	13t CITY OR TOW	VN	134 INSIDE CITY L		13e STREET ADDRESS Milestone	ZIP CODE	Anto	1795	5
		ryland	Wasi	ington	Williams	sport	YES NO			Garden	Apts	_	
9		Grover		WIDDLE	Schuck		Anna		Mae		Cra		
		VAS DECEASED EV			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	100	ADD	RESS			
5	()	no or unknown)	HE YES GIV	E WAR OR DATES)	146-20-	3784	Mrs. Don	nna T	. Carder,	Hagerst	own, M	ary1	Land
9	1	IB CAUSE OF DE PART I. DE ATH	ATH Enter or	ly ane co	H:10	Plyo	lane.	+	111.07.	00.	BETWEEN	MATE INTE	RVAL
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		gave rise to cause (a), sto underlying ca	ating the	DUE TO, OI	r as a consequ	ENCE OF		0	V				-3-
		PART 2 OTHERS	IGNIFICANT ((c) CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITION GIVEN	IN PART 110		=
	ATION	19a. DATE OF OPE	PATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D.	20a AUTOPSY?	20k IEVES V	VERE FINDIN	CC USE	
1	MEDICAL CERTIFICATION	THE DATE OF ONE	KANON	178. COND	HON TOK WITHER	OLKANO	WAS FERIORME		YES NO		NG CAUSES		TH?
7	CER	21a. ACCIDENT WAS		21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM TO PART	I OR PART 2)		
7	CAI	(IE EITHER NOTIEY M	AEDIC AL EXAMINER	P.J		19							
ģ	MED	21d INJURY OCC	URRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE E	EARM, ETC)	21f. LOCATION STREET		CITY OR	NWOI	COUNTY		STATE
		22a I certify that	0.00	tal) attended the	e decgased from_	gr	as II is	85	~ At	Airt	2 25	hat (I)	we) last
ì		sow the dece	eased alive on e) (did) (did na	Diew the body	after death.	3 . or	nd that in (my) (aur)	apinian de	eath accurred in the	day and hour o	nd fram the c	auses sta	oted
		22b. SIGNATURE	W B	mll		10		DING	MEDICAL ST	AFF	DATE DATE	I P	-
		22d. PHY	NAME IN	.00		1	22e ADDRESS	PX	Alax	4	4	10	141
-	23a. B	SURIAL, CREMATIO	N, REMOVAL	23b. DATE	234	NAME OF C	EMETERY OR CREM	ATORY	123d LOCATION	- ()(0	gryo	core,	111
	(SPECIFY) buria	1	Aug. 6	,1985 H	illsid	de Cemeter		Scottch Pl	lains, N	ew Jer	sey	TATE
		NERAL DIRECTOR		NICH FU L.Hagers			1 21740	25a DATE	REC'D. BY REGISTRA	R 256 REGISTRA		Pande	88
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

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Julia Territor Bordell

- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 1 DECEASED NAME 26 HOUR Kleffer Roy WARRENFELTZ LIYPE OR PRINTS 4 RACE 3. SEX 5. DAIL OF BIRTH YEARS LAST BIRTHDAY MONTH YEAR Marian BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland DIVORCED X CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OF INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk Store USUAL/RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13a CITY OR TOWN 136 COUNTY Wash. Hagerstown 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. 7 E. Washington St. 21740 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Sadie Delauter Wade Warrenfeltz 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 220-10-3454 Mr. Donald L. Warrenfeltz no Smithsburg. Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per limit for all the and ic.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART LOR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated obove, (1) (we) (did) (did not) view the bady after death 226. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 73t DATE (SPECIFY) Bu Aug.7.1985 Smithsburg, Wash, Md. mithsburg Cemetery 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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* C.	1166	MILDRED NAME EIRST	Elizabeth	WHITMORE	20. DATE OF DEATH M	8-1-85 2 pm
7	3.5E	FEMALE	CAUC.	5. DATE OF BIRTH MONTH DAY YEAR 12 - 16 - 04	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
1 12 8		HIMPLACE PLATE OR EOREIGN	76. CITIZEN OF WHAT COUNT	RY? B. MARRIED NEVER MARRIED WIDOWED DIVORCED		
1100	10 C	TY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b. KIND OF BUSINESS O
titled in the	MAN MAN	A RESIDENCE (IF NURSING HOME OF 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE E	FOWN 13d INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS / 1536 DUA	ZIP CODE,
1211		REDERICK	MIDDLE WHITE	MORE Mary	AME MIDDLE	Shuff
$(\mathbf{Y})_{1}$	16a '	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	tmore, Hagers	
physical phy	Г	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per line for (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
that the death or by the otherian cost remove cold of cremation, or other traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	rel /amilise	บ	24 HRS
of the resultes	PICATION	PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SCIAN The grant of the confection of the confect	DICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D (IE EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	YES NO	YES NO
ATENDING PH constant after the CCOs After the for use of the of Health and its	MEDI	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has saw the deceased olive o	(AT HOME, STREET EACTORY, OF	om July, 19 8	to Atom death accurred on the date	N COUNTY STATE 19 that (I) (we) I e and hour and Iram the couses stated
HOSPITAL OR A ported by the hos suid be denothed that the State Dept.		THE PHYSICIAN'S NAME IT	Stay 40	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	276. DATE SIGNED AN
2	23a	BURIAL, CREMATION, REMOVA		Rose Hill Cemetery	23d LOCATION CITY OR TOWN Hagerstow	n, Wash., Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTORMINNIC	0	संघ संघ	Hagerstow	n, Wash., Marylar B. REGISTRAR'S SIGNATURE She Devided Drog

was of the said of the said of the said

253046

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL BY GIENE

- STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH L DECEASED NAME LTYPE OR PRINTI IF UNDER 24 HRS 1 SEX 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR July 24,1921 White Male IN BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Zittlestown . Md. U. S. A. WASHINGTON WIDOWED DIVORCED IV 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Painter Home Inprovemen AVALON MANOR ACERSTOWN! USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. LITY OR TOWN 13e.STREET ADDRESS / ZIP CODE
Dagmar Hotel Hagerstown 13d INSIDE CITY LIMITS? 21740 Washington Maryland YES (X) 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Ruth Morgan Younkins Carmie Agnes E. 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES Rfd. 3 Box 34 LIF YES GIVE WAR OR DATES! LYES. NO OR UNKNOWN) 220-05-6885 Patricia A. Hines. No Boonsboro Md. BETWEEN ONSET AND 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiac Arrest minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Oral Pharyngeal Cancer Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION COPD: Old Alcoholic: Corenary artery disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. JE YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? none NOX YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL n/a (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE none 220.1 certify that (I) (this haspital) attended the deceased from Hugus to AUSUS t saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO PHYSICIAN TO 8-30-85 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 411 Division Ave Hagerstown, Md. William W. Lesh M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 8-31-85 Smithsburg Crematory

DHMH - 16 60M 7/84 (VRA 15, 4)

PORT/

Cremation

John H. Bast, Jr. Boonsboro, Md.

Wash. Co., Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Male Shits Suly 24,1931 In file italeston.di. U. S. 1. Painter Thorotemen' Virtend centington Bareraccan y camer fotel 21740 Cormic a. Constant rate area Horan 22 Log-oddy Paricia A. Himes, gransboro. E. 1779 SSUFFILM SESSELL VISUAR VIRTERS : DIRECTOR DES : EROC 28 68 Lenany 78-07-0 william . Losh 411 livision ave naserstown, ad. Commission (0-31-05 smithsouth Cremetory salthcourt, marn. Co., Mo.

John E. Bast, ir. Sconspero, M. 2713

